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REPORT OF A CASE OF LUNG SYPHILIS, WITH AUTOPSY.

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The following case is submitted as a contribution to the study of syphilis of the lung. The clinical history, as appended, is furnished by Dr. A. S. Lovelace, of this city.

"L. S——, æt. 22, first came under my treatment February 2, 1893, with the following history: He had always enjoyed good health up to five months ago, when his cough commenced and gradually grew worse, until he was compelled to give up work and seek medical advice. At this time he was very much emaciated, having lost 40 pounds within the last few months. The cough was very distressing, accompanied by copious expectoration of muco-purulent sputum. Examination of the lungs revealed marked dulness over the left apex, slight dulness over the middle and lower lobes of the right lung, and bronchial respiration over the areas of dulness. The pulse at this time was accelerated, and the temperature elevated, with evening exacerbations. From the foregoing symptoms and history, there seemed no room for doubt that this was a case of pulmonary phthisis, but after repeated microscopical examinations of the sputa failed to show tubercle bacilli, the correctness of the diagnosis was doubted. Dr. Abrams was called in consultation shortly after I took charge of the case, and after a consideration of the foregoing facts, we made the diagnosis, by exclusion, of syphilis of the lung. This view was subsequently confirmed, as we afterwards learned that the patient had, some months previously, contracted an urethral chancre, followed by secondary symptoms, for which he had been treated. A few days before the death of the patient, there was a profuse expectoration of purulent fluid, which, at the time, we could not account for. The *post-mortem* examination showed that it came from the breaking down of the bronchial glands."

When I first saw the patient, physical examination of the thorax revealed the following signs: Flatness of the left apex of the lung in the supra- and infra-clavicular regions; dulness over the right apex, posteriorly; dulness over the roots of the lungs, and slight dulness over the lower lobe of the left lung; positive signs of cavity formation could be elicited over the right apex; bronchial respiration could be heard over the areas of dulness. About two weeks after the primary examination, pleuritic friction rales could be heard over the right side of the chest, and after the introduction of a hypodermic needle, a sero-fibrinous fluid was withdrawn. The cardiac tones were accentuated, but beyond this nothing special was revealed at this or any subsequent examination. The sputa were abundant, varying in amount and character from mucopurulent to purulent. Notwithstanding at least 15 examinations of the sputum for tubercle bacilli, none were found. Examination for elastic fibres also proved negative. Although no history of lues was obtained from the patient, the diagnosis "syphilis of the lung" was made, and treatment by mercurial inunctions instituted. No subjective improvement followed the inunctions; on the contrary, the patient became progressively weaker. Objectively, however, the disappearance of the flatness over the left apex, together with the bronchial respiration, was unmistakable. The patient died with all the evidence of septic infection.

Necropsy.—Dr. Rethers, who made the examination, found bilateral sero-fibrinous and, in patches, purulent pleuritis, involving the visceral, parietal and diaphragmatic surfaces. The right apex of the lung showed the presence of two clean, not circumscribed, cavities, without lung infiltration in their environment. The left apex was emphysematous. The lower lobe of the right lung showed broncho-pneumonic patches, with decided increase of interstitial tissue, dense bands of the latter radiating from the root of the lung. At this point the bronchial glands were enlarged and almost completely destroyed by suppuration, the purulent material escaping through a vent in the bronchi.

Microscopical examination of the lung showed dense infiltration of the interalveolar connective tissue with small cells; extensive fibrous hyperplasia, occluding numerous alveoli, many of them being occupied by amorphous masses. The arterial walls were thickened and numbers of them occluded by thrombotic masses. Tubercle bacilli were not found in the sections, or in the purulent material expressed from the bronchial glands. Some of the bronchioles were dilated.

Remarks.—The *prima facie* evidence in this case was suggestive of pulmonary tuberculosis; but this diagnosis was negatived by the absence of tubercle bacilli after repeated examinations. It is true that tubercle bacilli may be intermittingly present, or even absent, in the sputum, in exceptional cases of pulmonary tuberculosis, under the following circumstances: (1) When the bronchus communicating with the seat of bacillary destruction has been occluded. (2) When a temporary cure of the destructive process has occurred, with retention of the bacilli in the tissues. (3) When the sputa are diluted with blood, as in hemoptysis, or when the expectoration is particularly abundant. All these factors having been excluded, it remained for us to consider whether there were phthisical conditions present other than tuberculosis. Here, again, we were confronted by the fact that no elastic fibres could be detected in the sputa. From information obtained elsewhere, we learned that the patient had contracted an urethral chancre with secondaries, and that some treatment had been instituted for his constitutional affection.

While it is true there is nothing distinctive, either in the clinical or necropsical examinations of suspected cases to absolutely justify the diagnosis of lung syphilis, the presumption, by exclusion, is nevertheless strong that this was a case of lung syphilis, involving, primarily, the bronchial glands and apex of the right lung, with secondary involvement by metastasis of the pleuræ. The disappearance of the dulness over the left apex of the lung, may be attributed to resorption of a gumma, or of enlarged mediastinal glands. Resorption of syphilitic new formations may occur without macroscopical lesions. The cavities in the right apex presented the appearance of lesions undergoing repair. The partially negative evidence of the therapeutic test in this case proves nothing—the main lesion being present in the bronchial glands, it was too far advanced for anti-luetic treatment.

Until the microörganism of syphilis has been established, and its demonstration made clear, the diagnosis of lung, as well as visceral syphilis, must be presumptive, and it is only by the citation of carefully observed cases that we can ever hope to achieve even the moiety of a diagnosis. Osler maintains that syphilis of the lung is a very rare disease, and during 20 years he has not seen more than half a dozen specimens, in which there was no question as to the nature of the trouble. While this statement is unquestionably true, it cannot be denied that even with the most positive evidence, clinical as well as necroscopical, the diagnosis of lung syphilis is always problematical. We may, perhaps, be justified in affirming that the visceral lesions of syphilis are as frequent as the cutaneous or mucous lesions. The larvated symptoms of syphilis often call into question the correctness of the diagnosis.

About two years ago, I saw a gentleman who had an appreciable lesion of the penis, which afterwards became slightly indurated. I instructed him to return after a definite length of time, when, if secondaries appeared, constitutional treatment would be commenced. After his return, I noted a very faint roseolar eruption, and nothing else. Upon informing him that he had syphilis, and that the duration of treatment would be about three years, he left my office very much dissatisfied. I saw him again about a week later, and he assured me that he had been examined by other physicians, who pronounced him free from syphilis. About six months ago I was asked by a colleague to see a case in consultation, presenting the symptoms of a brain tumor. The case was that of the gentleman who had consulted me for the lesion of the penis, and who subsequently had had syphilis.

A course of anti-syphilitic treatment is not a momentous procedure, and it should always be instituted in doubtful cases. The treatment, however, must be thorough—partial treatment is no treatment at all. A combination of mercury and iodide of potash, the so-called mixed treatment, is virtually the administration of a drug with its antidote. Both drugs should be given separately, until the physiological effects are noted. Given a case, with the history of a chronic cough, and with an appreciable lung lesion, in which no tubercle bacilli can be detected in the sputa after repeated examinations, even though syphilitic infection is denied, I never hesitate to place the patient under anti-luetic treatment. I hope to show, at some future time, by the citation of carefully observed cases, how far I am justified in the application of this apparently dogmatic procedure.

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THE MICROSCOPE: ITS USEFULNESS IN GENERAL PRACTICE AS AN AID TO DIAGNOSIS.

By W. R. CLUNESS, JR., M. D., Sacramento, Cal.

Read before the Sacramento Society for Medical Improvement.

At a recent meeting of this Society it was suggested that the members of the profession in Sacramento were in many respects behind the times, and that more time should be devoted by them to the study of scientific subjects and to original research. Having much respect for the opinion of the speaker, and appreciating the significance of his remarks, it occurred to me that a few observations on the subject of bacteriology might prove of interest, and be an entering wedge in the direction indicated. Besides, the subject enters so largely into the requirements of the general practitioner of to-day, that a fair practical knowledge of it will soon be as imperative as that of stethoscopic examination of the chest has become since the days of Laanec.

Of the propagation and cultivation of bacteria I hope to be able to speak at some future time, and to exhibit to you the necessary apparatus and appliances for such research, and to illustrate practically the different steps in the art of cultivating. For the present, in order to show to-night a few tube-cultures of bacteria, I have been so fortunate as to receive the assistance of Dr. S. M. Mouser, of San Francisco, of whom you have all heard in connection with bacteriological investigation on this coast, and from whose laboratory the specimens you see were obtained. I may say here, that to Dr. Mouser's able instruction and kindly help I am indebted for the first awakening of an interest in a very important subject, and for sufficient knowledge to enable me to begin the study, and to already apply to advantage the microscope, in verifying my diagnoses in several cases.

One was that of a man who was suspected of having tubercular phthisis, who gave many evidences of the disease, such as loss of flesh, cough, expectoration. His general appearance was such that his physician, and he himself, strongly suspected that he would ere long die of consumption. I examined the sputum repeatedly for tubercle bacilli, but was unable to detect them, and so reported. Since then the man has been steadily improving under judicious treatment, his cough is nearly gone, he is taking on flesh, expectorating very little, and from his condition it is fair to presume he will be quite well again. In such a case it was invaluable to the attending physician to be able to assure the patient and his friends that there were reasonable chances for an ultimate recovery ; whereas, had the germ of tuberculosis been found, the prognosis would have been vastly different.

Another case was that of a young man whom I was recently called to attend, but where there was not the slightest doubt as to the presence of a cavity in the lung, and the prognosis was easily made. However, there was not a great amount of destruction of lung tissue, and there was no history whatever of phthisis in the family. For my own satisfaction, and because the patient's family were loth to believe that he had consumption, I examined some of the sputum and found it swarming with tubercle bacilli. The young man lived but a short time.

I merely cite these two cases to show the amount of satisfaction to the medical attendant to be able to verify, beyond the question of a doubt, his diagnosis in certain puzzling cases. I know that very few general practitioners care to devote much time to the study of microörganisms, much less to their cultivation or growth, which requires considerable apparatus, more or less expensive, and a great deal of time. But any medical man can, at an outlay of a few dollars, provide himself with the articles necessary for microscopical examinations of sputum, fecal matter, urine, sections of tissue, etc.

Any manual of bacteriology will furnish a list of the few instruments and reagents necessary for staining and preparing specimens, but they may be briefly summed up as follows : A few slides and cover glasses, forceps for handling same, a Bunsen burner or alcohol lamp, watch glasses, stand upon which to heat the contents of a watch glass, a few platinum needles, set in glass rods; a supply of staining fluids, such as fuchsin, methylen blue, Bismark brown, etc.; a little acid, distilled water, filter paper, balsam, several crockery dishes, and a microtome for cutting sections. Of course, there are innumerable small articles, that are useful and that facilitate the work, but an ordinary examination may be made with those named. There are several methods of staining, and different methods must be employed for different specimens.

The process for staining sections of diseased tissue is somewhat more complicated than that for preparing specimens from the secretions. I will not bore you with a detailed account of these, but will describe one of the simpler means of determining the presence of bacilli in the secretions.

Probably the most important and most interesting of all the disease producing bacteria, is the tubercle bacillus, which is responsible for more deaths among human beings than all the others combined, without taking into account epidemics. In order to discover the germ in sputum, several methods of staining are used, but the simplest and most reliable is probably that of Erlich. A small portion of the suspected sputum is smeared on the surface of a perfectly clean cover-glass, with the point of a sterilized platinum needle, and allowed to dry. It is then passed through the flame of a spirit lamp two or three times, in order to fix the film of sputum on the glass, care being taken not to burn the specimen. When this has been done, the cover-glass is placed in a watch-glass filled with Zeil's fluid, a saturated alcoholic solution of fuchsin, and the solution heated until the steam rises. It is then removed and rinsed in a solution of nitric acid and distilled water, 1 in 3. This removes the red stain from everything but the tubercle bacillus, which the acid will not decolorize. The specimen is next immersed in methylen-blue, which stains all the bacteria except the tubercle bacillus, rinsed, dried, and mounted in Canada balsam. It is well, however, to examine the specimen in water first, and mount in the balsam afterwards, provided it contains the bacilli you may be in search of, and if you desire to preserve it.

For studying bacteria, their size, shape, and physical characteristics, an oil immersion lens and a condenser are indispensable. Zeiss' $\frac{1}{12}$ and $\frac{1}{18}$, and Powell and Leland's $\frac{1}{12}$ and $\frac{1}{25}$ oil immersions are probably the best, and the Abbey condenser. A high power dry lens will answer in a good many cases to distinguish the presence of the bacilli, but in order to see them distinctly and note their forms and appearance. nothing but a good oil immersion lens will be of much use. The suspected specimen, having been stained and placed under the microscope, if tubercle bacilli be present, they will appear as small, thin rods, either straight or curved, and may be found singly or in pairs or in bundles. They will be stained a dark red color, and the remainder of the specimen being blue, the contrast renders the germ easy of discovery.

The bacillus of anthrax may be treated in like manner, as may many others, but it is true, also, that certain other microörganisms require to be put through different processes which are by far too complicated to mention here. The comma bacillus of Koch is prepared in much the same way from the stools of cholera patients, or from sections of the intestines after death.

To examine microscopically the character of the growth in a pure tube-culture, a small particle is removed from the tube with the platinum needle, care being taken to keep the tube inverted as long as the stopper is out, the material is smeared on the cover-glass, and then treated as described above.

If it be desired to examine into the character of a tumor or other pathological specimen, it must first be properly hardened, then imbedded in paraffin, a thin section of it cut with a sharp razor or the microtome, the section spread out and floated about in an 8 per cent. salt solution, lifted out and placed in absolute alcohol, then stained by one of many methods. Probably that of Gram is the best and simplest for the majority of specimens. It consists in placing the section in analine-gention violet for three minutes, then transferring it to a solution of iodine in iodide of potassium till it takes on a dark brown color, and next decolorizing in absolute alcohol. It is then mounted in Canada balsam, and is ready for examination.

I have described, briefly, some of the ways of determining the presence of disease producing germs in the tissues of the body in order to show how simple the matter really is, and with how little trouble one may prepare himself to make examinations and satisfy his mind as to the correctness of his diagnosis. The field of bacteriology is so immense that it is discouraging to contemplate making a beginning, and it would seem that it would require at least half a lifetime of the closest devotion to the subject to catch up with what has already been done in so short a time. It must be left to men who devote their whole time and their lives to the study, to make any-original investigation of value, but we may all learn enough to enjoy what such men discover, and the time will come when a little knowledge will not be dangerous, but will be absolutely necessary to every intelligent practitioner of medicine.

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VARICOSE ULCER.

By T. W. Serviss, M.D., Oroville, Cal.

Read before the California Northern District Medical Society.

Bryant says: Ulceration is an inflammatory process, in which a sore or chasm is produced by the molecular death of the tissue involved. A sore is a chasm, a solution of continuity caused by the ulceration upon an external or internal surface of the body. When a sore is being formed, or is spreading by the process of ulceration, an ulcer is said to exist; when the ulceration has ceased, a sore remains.

John T. Hodgins says: An ulcer is a solution of continuity maintained either by some local or constitutional disorder. Local causes—Mechanical violence, chemical irritation, heat, cold, disturbance of circulation, either by tight bandaging, continual pressure, or varicose veins. Constitutional causes—An insufficient supply of blood, either in quality or amount. There are certain sites where ulcers are most often met with. These are places most exposed to violence, as the inner and anterior part of the leg, commonly called the shin, especially in old people, or those in whom the vitality is feeble.

Bryant says: Authors describe a varicose ulcer, but it is questionable whether such exist. Many indolent sores are doubtless associated with varicose veins, and are probably indolent on account of this association; but how far they are really caused by them is a different matter, for varicose veins and ulcers of all kinds are constantly met with together. Of all ulcers entitled to the name of varicose, the eczematous has probably the most claim, for certainly eczema of the leg is a common consequence of varicose veins, and an ulcer is the result of eczema.

B. F. Curtis, Surgeon to St. Luke's Hospital, New York, says: There is undoubtedly relation of cause and effect between varicose veins and ulcers of the leg, but authorities are divided as to the exact connection between the two. The fact that most persons with varicose veins upon their legs escape without ulcer, at least for many years, would seem to show that there must be some additional cause; some have sought for this additional cause in the presence of edema, but ulcers are not always present, even when edema has long been an accompaniment of the varicosity.

Schreider seeks the missing link between the ulcer and varicose veins in the gouty diathesis; the disease, both of the veins and of the skin, depending upon the common cause. This theory still leaves unexplained why some cases of varicose veins are exempt from ulceration. The presence of varicose veins must interfere with the circulation of the blood in the skin and with its nutrition, and it is not unreasonable to suppose that this interference may be very different in degrees in different cases, even when the apparent changes in the larger veins are equally advanced. There is certainly a marked contrast in the color of the skin in different cases, which would seem to show that, although the veins are as large and probably as degenerated in each, yet the process does not extend far enough into the smaller vessels to seriously impair the circulation in those cases where there is a natural color of the skin. Many ulcers in cases of varicose veins are due to small abscesses caused by phlebitis; in other cases there is a history of injury, but often of an injury too slight to have had an effect upon the normal skin.

The treatment of ulcers must, in most cases, be both local and general. Local treatment consists in rest, cleanliness, dressings, cauterization, incision, excision, transplantation of skin, and even amputation of the affected limb. Ulcers are generally inflamed when seen by the surgeon, and his first duty is to reduce this inflammation before stimulating the proper growth of the granulations and skin. In fact, the growth of skin will not take place so long as inflammation exists. To reduce this inflammation rest must first be secured, remove all irritating material, and, if necessary, relieve pain. Rest is secured only by putting the patient in bed, and in some cases the limb should be secured by a splint. All irritating substances, such as dirt, improper applications, the discharges and crusts of the ulcer, must be removed and the surface kept clean. If there is any hair in or about the ulcer it should be cut off; the diseased limb is now placed upon a higher level than the body, either by pillow or suspension. The best local application is some weak antiseptic solution, such as bichloride of mercury, carbolic acid, acetate of lead, with pressure by bandage or gauze. Sometimes permanent irritation may be beneficial. This is carried out by placing a water-proof cloth under the limb, with the incline leading to a receiver. Cover the ulcer with a few layers of gauze, and allow the antiseptic solution to trickle slowly upon the gauze; this should be watched closely, for the evaporation of the solution may produce a great reduction in temperature. The continued or permanent bath has been very successful in the hands of some surgeons. The temperature of the bath should be regulated by the sensations of the patient. It is best to begin with the water about 98° to 100° F., so as not to cause a shock upon placing the extremity in it. Nitrate of silver applied very lightly to the granulations, and close to the edge of the ulcer, is followed by contraction and advance of epidermis. Carbolic acid, bichloride mercury, and salicylic acid favor granulation, but hinder cicatrization, while iodoform and boracic acid favor both granulation and cicatrization.

According to Unna, all substances with reducing properties will favor the growth of epithelium, as well as all dehydrating substances, such as tannin, alum, and nitrate of silver, while the oxygenating substances, among which are the ordinary antiseptics, delay it. The best stimulating substances are balsam of Peru, nitrate of silver, alum, permanganate of potash, the sulphates of copper and zinc, chromic acid, quinine, and antipyrin.

The form of dressings is more important than local applications, and second only to rest and cleanliness. There are a great variety of dressings in use, all having their advantages. The principal methods advised are the adhesive-plaster strapping of Boynton; the rubber bandage of Martin; the cotton dressing of Volkman, and the boric acid dressing of Lister.

Sometimes a chronic ulcer becomes surrounded by cicatricial tissue, which prevents further cicatrization and contraction by its attachments to the deeper parts. Here it is necessary to resort to the knife, either by incision or excision. Incisions may be made in various ways, viz.: Radial, when they pass from the skin into the ulcer from all sides; crossed, when they pass through the ulcer from side to side, deep enough to penetrate the diseased part to the healthy tissue below, and circumscribing, which must be carried down into the fascia. Hemorrhage always follows these incisions; it may be severe, but is easily controlled by pressure.

For obstinate ulcers there still remains the knife, destruction by caustics, or the actual cautery. The best chemical caustics are nitric acid, sulphuric acid mixed with willow charcoal so as to make a paste, the Vienna paste, chromic, lactic, and arsenious acids, but the knife or curette is just as effective and leaves a healthier wound for healing.

Skin grafting sometimes gives very pleasing results. This may be done by Reverdin's method, which consists in cutting small pieces of skin, either by knife or curved scissors, and applying them to the granulating surface with an appropriate dressing. If successful, the grafts become attached and increase in size by new growth of epithelium around their edges. The best method is that of Thiersch, by transplantation of long ribbon like strips of skin so as to completely cover the surface of the sore which has been previously denuded of granulations. This has given excellent results even in old and obstinate cases.

When every effort has been made to heal the ulcer without success, the patient being entirely disabled, the surgeon should not hesitate to resort to removal of the ulcer. Amputation is not always necessary, for thorough curetting or excision will often effect a cure. But after they have all failed, leaving an ulcer which is sapping away the life of the patient, the surgeon should not hesitate to remove the cause.

INTRAUTERINE INJECTION OF GLYCERINE TO INDUCE PREMATURE LABOR.

By WM. FITCH CHENEY, M. D., Adjunct to the Chair of Obstetrics, Cooper Medical College, San Francisco, Cal.

In a recent issue of the *Archiv für Gynäkologie*[1], Pelzer, of Köln-am Rhein, reported four cases in which he had induced premature labor by injecting glycerine into the uterine cavity, between the membranes and inner uterine wall. In one case he unintentionally ruptured the membranes in the process; but in the other three no such accident occurred, yet pains came on half an hour to an hour after the injection, which persisted and led to delivery.

Pelzer's method of procedure was very simple. He used a hard rubber syringe of a capacity of 150 grammes (a little over 4½ ounces), filled with glycerine. To the nozzle of this was fastened a rubber tube, and at the other end of the tube was attached a rubber catheter. The glycerine was forced into the tube and catheter to expel the air, and while still full of glycerine the catheter was passed cautiously into the uterus, along the posterior wall, as far as it would go. Then the entire contents of the syringe were forced out, so that about 100 c.cm. (3⅓ ounces) were injected. To prevent a reflux, after withdrawal of the catheter, the woman was kept for a time in the knee-elbow, or the Sims position.

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[1] Band XLII, Heft 2.

In the *Medical Record*, November 26, 1892, Dr. J. Clifton Edgar reported two cases in which he had employed Pelzer's procedure to induce premature labor, both times successfully. His method was essentially that already described; but he made an addition to the *technique*, by seizing the cervix with double volsella forceps, and drawing it down nearly to the vulva, before introducing the catheter, which he claimed greatly facilitated the latter step in the operation. Edgar injected only a half ounce of glycerine, using a No. 9 braided silk catheter and a glass syringe. In one case the catheter was passed into the uterus eight inches, and in the other twelve. Pains came on 2½ hours after injection in the first case, and the third stage of labor was completed 6 hours later; pains came on a half hour after injection in the second case, and labor was completed in 9 hours.

In May, 1892, Mrs. I. J——, a Danish woman, aged 43, consulted me, giving the following history: She had been delivered five times, and on each occasion with great difficulty. Her first child survived, but still bore on its forehead the mark of the forceps used in bringing it into the world. The second child lived 11 hours, dying from injuries inflicted by the forceps during delivery. The three subsequent children were stillborn, two being removed by forceps, and the third by craniotomy. Mrs. J. now believed herself pregnant a sixth time, as she had missed her last period. Examination gave me reason to believe her suspicion correct. She was, if possible, anxious to have a living child, and I therefore advised her to wait until after the expiration of the eighth month, when I thought induced labor might result favorably.

As the patient had been referred by her former physician in Seattle to Dr. Henry Gibbons, Jr., and had come under my care because the latter gentleman was at that time in Europe, the case was put into Dr Gibbons' hands on his return from abroad. He agreed with me that interruption of the labor a few weeks before full term might result in giving a living child, and the woman consented to submit to that plan. Pelvic measurements made in the meantime gave the following: Distantia spinarum, 9¼ inches; distantia cristarum, 10¼ inches; conjugata which prevents further cicatrization and contraction by its attachments to the deeper parts. Here it is necessary to resort to the knife, either by incision or excision. Incisions may be made in various ways, viz.: Radial, when they pass from the skin into the ulcer from all sides; crossed, when they pass through the ulcer from side to side, deep enough to penetrate the diseased part to the healthy tissue below, and circumscribing, which must be carried down into the fascia. Hemorrhage always follows these incisions; it may be severe, but is easily controlled by pressure.

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In the *Medical Record*, November 26, 1892, Dr. J. Clifton Edgar reported two cases in which he had employed Pelzer's procedure to induce premature labor, both times successfully. His method was essentially that already described; but he made an addition to the *technique*, by seizing the cervix with double volsella forceps, and drawing it down nearly to the vulva, before introducing the catheter, which he claimed greatly facilitated the latter step in the operation. Edgar injected only a half ounce of glycerine, using a No. 9 braided silk catheter and a glass syringe. In one case the catheter was passed into the uterus eight inches, and in the other twelve. Pains came on 2½ hours after injection in the first case, and the third stage of labor was completed 6 hours later; pains came on a half hour after injection in the second case, and labor was completed in 9 hours.

In May, 1892, Mrs. I. J——, a Danish woman, aged 43, consulted me, giving the following history: She had been delivered five times, and on each occasion with great difficulty. Her first child survived, but still bore on its forehead the mark of the forceps used in bringing it into the world. The second child lived 11 hours, dying from injuries inflicted by the forceps during delivery. The three subsequent children were stillborn, two being removed by forceps, and the third by craniotomy. Mrs. J. now believed herself pregnant a sixth time, as she had missed her last period. Examination gave me reason to believe her suspicion correct. She was, if possible, anxious to have a living child, and I therefore advised her to wait until after the expiration of the eighth month, when I thought induced labor might result favorably.

As the patient had been referred by her former physician in Seattle to Dr. Henry Gibbons, Jr., and had come under my care because the latter gentleman was at that time in Europe, the case was put into Dr. Gibbons' hands on his return from abroad. He agreed with me that interruption of the labor a few weeks before full term might result in giving a living child, and the woman consented to submit to that plan. Pelvic measurements made in the meantime gave the following: Distantia spinarum, 9¼ inches; distantia cristarum, 10¼ inches; conjugata externalis, 7⅞ inches; conjugata diagonalis, 4¼ inches. These measurements were all a little below the average, and indicated a moderately contracted pelvis; the true conjugate of the brim was estimated to be about 3¾ inches. In the light of these figures it was easy to understand why previous labors, at full term, had been so protracted, and most of them so disastrous in their outcome. When the time came to induce premature labor, it was decided to adopt Pelzer's method by intrauterine injection of glycerine. Dr. Gibbons kindly invited me to assist him in the case, and on the forenoon of December 28th, as January 22d was the date of expected confinement, we proceeded with the operation. Three ounces of glycerine, previously boiled, were drawn into a hard rubber syringe. Over the nozzle of the syringe was slipped a piece of rubber tubing, to the other end of which was attached a lisle thread catheter, No. 15. After douching the vagina with a 1:2000 solution of corrosive sublimate and careful disinfection of hands and all appliances, enough glycerine was expelled to fill the tube and catheter, and the latter introduced into the cervix, the woman lying on her left side, and the catheter being passed by touch along two fingers of the left hand in the vagina. After traveling for 6 inches it met with an obstacle that could not be passed; and for fear of rupturing the membranes the glycerine was injected at that depth without the use of further force. The contents of the syringe were slowly and gradually expelled; but before the instrument was emptied a return flow began from the cervix, and soon the entire amount injected had escaped into the vagina. No pains whatever followed, nor did the woman experience the slightest discomfort.

The next forenoon, December 29th, another trial was made. This time the woman was placed on her elbows and knees, a speculum introduced, the cervix drawn down with a vulsellum, and the catheter introduced 7 inches before the glycerine was injected. The result was no better than on the previous day, for the fluid had not been in five minutes before it began to escape, and soon all had made its way out, in spite of the fact that the catheter had not been removed and the woman had been kept on her elbows and knees. Discouraged by these failures with Pelzer's plan, we decided to return to older and more reliable methods. The catheter was accordingly left in the uterus, followed several hours later by a small Barnes bag, and then by larger ones successively. Uterine action was sluggish and hard to excite, pains persisting only long enough to expel the bags and then subsiding until provoked again by new dilatation of the cervix. At last the membranes were punctured, on the afternoon of December 31st, which at once brought on frequent and powerful uterine contractions. A little over an hour later a living female child was born, unaided by instruments, and without unusual effort on the mother's part. The presentation was a normal one of the vertex, the occiput being to the right and anterior. The child weighed 6 pounds. Its length was $19\frac{1}{4}$ inches; the occipito-frontal diameter $4\frac{9}{16}$ inches; the biparietal $3\frac{7}{16}$ inches; and the occipito-mental $5\frac{2}{16}$ inches. The puerperium was uneventful, and the mother and child still thrive.

It is scarcely fair to judge any method of procedure in the light of but one or two trials, yet it is difficult to see how any other result is to be expected from Pelzer's plan than that in the case reported, namely: premature expulsion of the glycerine. If it does not immediately follow withdrawal of the catheter from the uterus, it seems that it must come away with the first contraction of any power. Pelzer thinks that the glycerine acts through its well known property of attracting water to itself; this it derives from the liquor amnii, by a process of osmosis through the membranes, thus causing a gradual separation of the latter from the uterine wall, as the volume of fluid increases. No doubt the glycerine would have this effect, if retained; or, perhaps, the mere presence of such a foreign substance within the uterus, regardless of its chemical affinities, would be sufficient to excite contractions. In any case, the difficulty lies in having the glycerine remain within the uterus, and this difficulty, it seems, must always present itself.

906 Polk street.

DEPARTMENTS.

OBSTETRICS, GYNECOLOGY AND PEDIATRICS.

By WALLACE A. BRIGGS, M. D., Sacramento, Cal., and
HENRY GIBBONS, JR., M. D., Professor of Obstetrics and Diseases of Women, Cooper Medical College, San Francisco, Cal.

The Treatment of Uterine Catarrh.—ABEL deprecates the far too frequent curettage of the uterus for uterine catarrh. Curettage and cauterization are uncertain and sometimes seriously injurious in their results, and other methods are inefficient. In the treatment of 50 cases, therefore, Abel has adopted the method recommended by Fritsch, and perfected by Vulliet, Landau, and others. This method consists in the systematic tamponade and drainage of the uterine cavity by means of iodoform gauze which is introduced into the uterus in small strips and gradually dilates the cervix. Simple drainage of the cavity Abel considers sufficient, and rejects medicated injections altogether, except in the form of vaginal irrigation for the purpose of cleanliness. The uterus is packed daily, and, unless the appendages are implicated, the patient is permitted to be about, although forbidden every kind of exertion. In old cases the packing is continued for 18 or 20 days, although 8 days generally suffice to reduce the secretion to a minimum. While patients occasionally complained of uterine colic, accidents were not observed.—*Berl. Klinik*, Hft. 53, 1893.

Puerperal Exanthemata.—Fourteen cases of measles and scarlatina-like eruption were observed by AHLFELD at the Marburg Clinic, in 444 cases of lying-in. The exanthem appeared on the second, third, and fourth day of childbed twice each; on the fifth, sixth, seventh, and eighth once each; on the tenth twice, and on the fifteenth once. These dates correspond with the dates on which fever appears in other puerperal affections. In a few cases, either with or soon after the appearance of the exanthem, puerperal disease was detected, but, even when not, Ahlfeld considers the view untenable that the rash is independent of the puerperium. He concludes that these exanthemata have no relation whatever to scarlatina and measles, and that their resemblance to the rash of these diseases is purely accidental. In this opinion, which is held by Mannkopff also, he is confirmed by the facts that no source of infection for the first case of scarlatina-like exanthem could be discovered, and that no other member of the household was infected. These cases, in Ahlfeld's opinion, are to be classed with the septic exanthemata. In all likelihood they are due to a specific germ and its chemical products. "Why," he asks, "in the numerous microörganisms that swarm in the lochia, may there not be one whose ptomaines produce an exanthem?"—*Zeitschrift f. Geburtsch. u. Gynakol.*, *Schmidt's Jahrbücher*, 1893, No. 4.

Methyl-Blue in the Treatment of Gonorrheal Vaginitis.—M. D'AULNAY employs the following solution:

Methyl-blue	gm. 10.
Alcohol	15.
Potassa	.2
Water	200.

The speculum is introduced and the vagina cleansed with absorbent cotton and bichloride solution (1:1000). One or more tampons of absorbent cotton saturated with the methyl-blue solution are then placed in the posterior *cul-de-sac*, and the vaginal orifice is obturated with dry tampons to prevent the escape of the solution. Two days later the tampons are removed, the vagina is cleansed with bichloride solution, and a simple glycerine tampon is introduced and renewed the succeeding day. On the fourth day the discoloration of the vagina has diminished, if not disappeared, the secretion has ceased, and the ulcerations are slightly improved. The congestion disappears in eight days with simple dressings of cotton wool, combined with bichloride irrigations twice daily. For the urethritis, methyl-blue is administered both locally and internally. The treatment is easy, and its results are excellent—relief being immediate, and cure being effected in four or five days.—*Bulletin Général de Thérapeutique*, May 15, 1893.

SURGERY.

By T. W. HUNTINGTON, B. A., M. D., Surgeon Southern Pacific Company's Hospital, Sacramento, Cal.,
J. F. MORSE, M. D., Surgeon German Hospital, San Francisco, Cal., and
G. F. SHIELS, M. D., C. M., F. R. C. S. E., Surgeon Polyclinic, San Francisco, Cal.

Ununited Fracture of the Humerus.—MR. ARBUTHNOT LANE operated on an old case of ununited fracture of the humerus recently at Guy's Hospital. The diagnosis was transverse fracture below the head, with the great tuberosity attached to the lower fragment, and the upper end of the lower fragment extending forward beneath the coracoid process. The patient had been treated previously for dislocation of the humerus. An incision was made along the anterior margin of the deltoid, thence along its attachment to the clavicle and sciomion. The ends of both fragments were fully exposed by separating muscular attachments. The upper fragment was rotated and greatly displaced.

About one-half of the upper fragment and a small portion of the lower were removed, and union was accomplished by a double wire suture. In Mr. Lane's opinion the result would be better than ordinary excision.—*Medical Press and Circular.*

Fecal Fistula following Hernia—Closure by Resection of Intestine.—At the London Hospital MR. FREDERIC TREVES recently operated on a boy, æt. 16 years, who, six months ago, had been operated on for hernia. Probably the intestine was gangrenous, as it had been left in the wound, and a double fecal fistula resulted. The double opening in the intestine was freely exposed, the gut drawn out, and three inches of the ileum were removed. The ends were approximated by Lembert's suture.—*Medical Press and Circular.*

Supra-pubic Lithotomy.—LAWSON TAIT thus describes the *technique* of this operation: "I make use of no precautionary measures or preparatory steps. I neither pack the rectum nor distend the bladder. I stand on the left of my patient and cut upward about two inches and a half, starting immediately over the ridge of the pubic arch, exposing the tendon at one sweep. I then cut the tendon transversely over about one inch close to the bone, and cut it centrally for an inch a half. I then pass my left forefinger between the bladder and pubic arch and follow it with a pair of forceps. I gently rend the tissue till I can feel bladder wall. This can easily be determined by its peculiar feeling, and by the fact that once the forceps grip it they hold, and they do not hold merely cellular tissues. Having fixed one pair, I then fix another close to them. My assistant takes them and gently pulls them apart, as in abdominal section; a notch of the knife follows, and a rush of water declares the road into the bladder for the forefinger to be open. The rest is all finger work, and consists as in abdominal section of a gentle, but firm extension of the opening into the bladder, till the lithotomy forceps can follow it. All my cases have recovered without complications, and though up to the present I have used a glass drainage tube, I am of the opinion that this will prove an unnecessary precaution, and that it will be safe to close the bladder by deep sutures."—*Lancet.*

Resection of Intestine.—MR. KENDALL FRANKS, after reporting three cases of enterectomy and enterorrhaphy, remarks: "It is generally supposed that resection and immediate suture in gangrenous hernia is an ideal method, a brilliant and showy operation, but one which exposes the patient to a great and immediate risk, and, therefore, one to be, as a general method of practice, condemned by prudent surgeons, and discarded in favor of the older, the easier, the less brilliant, but the safer method of establishing an artificial anus. Now this is not the case. Recent investigations of the statistics of both plans of procedure clearly demonstrate the greater safety of immediate resection. One point of much import in the operation is that a few inches more than is absolutely necessary may be safely removed, whereas an inch too little is most fatal to success."—*Dublin Journal of Medical Science.*

OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

By WM. ELLERY BRIGGS, M. D., Sacramento, Cal.

Traumatic Rupture of the Membrana Tympani.—Among 6,500 cases of ear disease Dr. VON JULIUS VEITH observed 43 cases of traumatic rupture of the drum membrane. The ages of nearly all the patients were between 20 and 35 years—only two cases occurring in patients under 20. This is explained by the author by the greater rapidity with which such injuries recover in children and the fact that they are less likely to notice them than are grown people. Four cases were due to penetration of a foreign body. A number of cases resulted from fracture of the skull. A third and the most common cause of rupture of the membrane is compression of the air column in the auditory meatus. To this were ascribed 32 of the 43 cases, and 27 of these were caused by a blow with the fist or the open hand. Four were caused by powerful detonation close to the ear. In 32 cases of traumatism, in which the drum was not rupured, there were cases of injury to the labyrinth. The treatment should be expectant. Everything, such as irritating drops, syringing, etc., that can set up irritation, should be excluded. —*Münchener med. Abhandlung*, Hft. 32, 1893.

The Tuning Fork as a Remedy in Ear Disease.—DR. JOSEPH SIMROCK says that the membrana tympani, being a stretched, elastic membrane, if connected by a conductor with a vibrating tuning fork, the membrane is made to vibrate and produce sounds corresponding in pitch to the rate of vibrations of the tuning fork. This process can be made useful in a therapeutic sense. It can be accomplished with a fine elastic probe, the end of which has been covered with some cotton, pressed slightly against the drumhead. By bringing this probe in contact with the vibrating prong of a tuning fork, the membrana tympani commences to vibrate, producing sound audible at some distance. These strong vibrations of the membrane, caused by the vibrating tuning fork and conveyed by the chain of ossicles to the membrane of the fenestra ovalis, can exercise a curative influence on these parts in diseases which impair the mobility—as in progressive sclerosis, in chronic catarrh, in the later stages of acute and subacute cutarrh ; also after suppurative disease. The author uses two tuning forks in practice, one with cylindrical prongs eleven inches in length and about one fifth of an inch in diameter ; the other also with cylindrical prongs about seven inches long and one-fourth of an inch thick. By using more or less pressure in applying the probe to the drumhead, or by exciting the tuning fork to vibrations of more or less amplitude, the strength of the appliance can be modified. In making use of this procedure one should begin with weak vibrations and treatments of short duration, gradually increasing both.—*New York Medical Journal*, June 10, 1893.

The Disease-Process, Glaucoma.—DR. S. O. RICHEY presents a new theory in regard to the pathology of glaucoma. He says that the accumulated testimony of all observers, interpreted, points to morbid changes in the connective or fibrous tissue as the initial and permanently progressive lesion of the disease, indicating that these changes are interstitial, beginning in the sclera. They consist of connective tissue proliferation, with its usual debasing effects upon the higher functional forms of tissue enclosed by the sclera, which, by their protests against this inexorable degradation, give rise to the subjective symptoms present. The objective symptoms are phases of the progress of the disease. The globe of the eye consists largely of connective tissue which is of low vitality and consequent indisposition to resentment; it rarely acts viciously, and then we must look for a persistent cause of irritation, of low grade, with a tendency to reversion along the lines of evolution. In the inadequacy of the liver to convert the uric acid into urea we have such a tendency; in the presence of uric acid in the blood and tissue we have such a cause. The morbid process, the author believes, is a hyperplasia of connective tissue, which diffuses itself through the whole organ, possessing the property of pathological connective tissue in always contracting. The symptoms of glaucoma are explained in accordance with his theory as follows: Dilatation of the pupil depends upon constriction of the motor filaments to the iris from the third nerve, as they pass through the thickened sclera. The shallow anterior chamber is the result of the advancement of the corpus vitrei caused by venous stasis and the encroachment by the sclera upon the vitreous space. Excavation comes on as the resistance of the papilla is lessened by the same agents which so effectually degrade the other tissue and permit the effect of pressure to appear. The acuteness and field of vision are controlled by the same influences, and *pari passu*, which modify the appearance and condition of the papilla. Arterial pulsation occurs when the normal balance between general arterial tension and intraoccular tension is disturbed. Mydriasis reduces, and myosis increases the area of vascular distribution of the ciliary region. By mydriasis the arterial circulation is suddenly obstructed, resulting in temporary engorgement, which may be sufficient to excite an acute glancoma if the channels of excretion are narrowed.—*American Journal of Medical Sciences*, June, 1893.

DERMATOLOGY, SYPHILIS AND VENEREAL DISEASES.

By G. L. SIMMONS, JR., M. D., Sacramento, Cal.

The Treatment of Syphilis in France.—It is well known that PROF. FOURNIER believes we must treat methodically and preventively every primary and secondary syphilis. He prescribes for every patient who comes to see him at the beginning of his syphilis, a course of protoiodide of mercury in daily doses of 6 centigrammes, to be taken for at least two months. Then this treatment is suspended for a month to six weeks, after which, no matter what has happened, whether the patient has or has not shown any new developments, he has him take up the treatment again for about six weeks. Then there is a new period of repose for two or three months, renewed administration of the protoiodide, new repose, and so on until the third year of the disease. At this time he gives iodide of potassium in daily mean doses of 3 grammes (45 grains) during periods of from one month to six weeks, separated by intervals of rest, growing gradually longer as the time from the commencement of the disease increases. His treatment is thus a systematic one, very prolonged and intermittent. On the other hand, there are syphilographers in France, and DIDAY, of Lyons, is their venerated chief, who maintain that we must never treat a syphilitic except when visible manifestations are present; that we must cease the impregnation with mercury as soon as there are no longer manifestations of the disease, for, according to their view, mercury has no antisyphilitic action in a preventive sense. This is the method called "opportuniste."—*Journal Cutaneous and Genito Urinary Diseases*, June, 1893.

Treatment of Boils by Boric Acid.—*L'Union Médicale* quotes Allison as having obtained good results in the case of general furunculosis by the administration, for eight to ten days, of 10 to 15 grains of boric acid a day, divided into two doses. At the same time, four or five times a day, the inflamed areas were washed with a hot solution of boric acid in the strength of 4 per cent. Between the applications of this lotion compresses were applied to the diseased parts, which had been wet with the same solution. In this way he claimed to have been able to reduce the boils which had already formed, and to do much towards preventing other outbreaks. By this means he thinks it possible to avoid surgical intervention.—*Therapeutic Gazette.*

MATERIA MEDICA AND THERAPEUTICS.

By WM. WATT KERR, M. A., M. B., C. M., Professor of Clinical Medicine, University of California, San Francisco.

Treatment of Sciatica by Acupuncture.—The results on discharge from the Devonshire Hospital of one hundred consecutive cases of sciatica treated by acupuncture are as follows: 56 per cent. were cured, 32 per cent. were much improved, 10 per cent. were improved, and in 2 per cent. there was no change. Acupuncture I consider very valuable. Dr. Gowers states: "Simple acupuncture along the course of the nerve has been recommended; it gives temporary relief as does any superficial pain, but the cases are few in which it has any permanent effect." I presume he must refer to cutaneous acupuncture and not to acupuncture of the nerve itself, which was the method employed in these cases. The patient can always tell when the nerve has been pierced, by pains shooting down the leg. The needles ought not to be left *in situ* for any length of time, but withdrawn immediately, as unless this is done severe pain is often caused on their withdrawal, and no better results seem to follow this line of treatment. A single spear-pointed needle two and a half inches long is all that is required, as the depth of tissue to be pierced can be regulated according to the situation and development of the patient. If the nerve is not pierced on the first introduction of the needle, it can be partially withdrawn and entered again at a somewhat different angle, and in this way the nerve may be pierced in several different places but with one cutaneous puncture. The nerve should be pierced about five times over the parts where there is pain or pressure. The external popliteal nerve to the inner edge of the biceps tendon may also be pierced if it is painful, and as it is not covered by muscle, this can easily be done. The musculo-cutaneous nerve may be punctured along the whole of its course, but being of small size and lying deeply it is naturally more difficult to pierce; but, even if the nerve is missed, the needle, passing in close proximity, must exert counter-irritation. These cases, without exception, I consider were due to an inflammation of the nerve sheath, thus affecting primarily the adventitious tissues—a peri-neuritis and an interstitial neuritis respectively. This condition would account for the various symptoms, sensory and trophic, such as pain, tightening sensation, wasting of muscles supplied by the affected nerve, and also those supplied by the small sciatic when the disease affects the lower portion of the sacral plexus. Considering the pathology of sciatica, the treatment by acupuncture is a rational one, more especially in the earlier stages of the disease. If the nerve is pierced in a number of places over the inflamed area, when there is congestion of vessels and consequently exudation of serum and small celled infiltration, it must give an outlet, however small, to more or less of the exudation; also dilated blood vessels must be pierced, thus relieving tension in two ways and favoring absorption. In conclusion, if every case of sciatica beginning acutely or not acutely, were to be treated by absolute rest, together with acupuncture, repeated if necessary at intervals of a few days, and at the same time any rheumatic or gouty tendency were treated by suitable remedies, I do not think there would be the number of chronic and relapsing cases that one so often sees.—E. V. GIBSON, M. D., *Lancet*, April 15, 1893.

Bicarbonate of Soda and Digestion.—LINOSSIER and LEMOINE, in a communication to the Academy of Medicine, conclude that bicarbonate of soda, in all doses, excites gastric secretion. According to their observations, the dose which produces the most powerful effect is one of five grammes given an hour before a meal. The action is prolonged beyond the day of administration, an increased action being kept up. It is essential that the medicine be used in cases of insufficient gastric secretion, and it ought to be given some time before a meal. In cases of excessive acidity, it only acts as a palliative, and there is a risk of its aggravating the condition. They suppose that the administration of hydrochloric acid is of more service in diminishing the excess of secretion just in the same way that alcohol retards alcoholic fermentation, or lactic acid, lactic acid fermentation.—*British Medical Journal*, May 6, 1893.

MEDICINE AND PATHOLOGY.

By ALBERT ABRAMS, M. D., Demonstrator of Pathology, and Adjunct to the Chair of Clinical Medicine, Cooper Medical College, San Francisco, Cal.

Myxedema.—At a recent meeting of the Edinburg Medico-Chirurgical Society BYRON BRAMWELL spoke of the clinical picture of myxedema in differential diagnostic relationship to acromegaly, cachexia strumipriva, cretinism, Grave's disease, etc.; whereas, in myxedema, the increased volume of the body is due to general edema, in acromegaly it is occasioned by increased osseous growth; in the former affection there is a falling out of the hairs on the head and trunk, whereas in acromegaly there is an increased growth of the hirsute tissue. Owing to the moisture of the skin in myxedema, there is increased electrical conduction of that organ, the opposite being the case in acromegaly. The swelling of the buccal cavity often conduces to dysphagia and dyspnea in myxedema; the facial expression is dull and apathetic and the sensorium is very cloudy. Sporadic cretinism bears much resemblance to the condition just described. The main discomfort complained of by the patient is cold; the actual body temperature is diminished and the daily variations in temperature is less marked. The pulse is usually slower in myxedema and acromegaly in opposition to the rapid pulse in Grave's disease. Conception rarely takes place in myxedematous patients. GREENFIELD spoke of the pathology and pathological anatomy of myxedema. The chief anatomical anomaly usually noted is atrophy of the thyroid gland, with destruction of the glandular, and hypertrophy of the connective tissue elements, and consequent contraction. During the course of myxedema, there is an increased disposition to tuberculosis. The general edema is more deeply seated than in anasarca. LUNDIE spoke on therapy. The older treatment consisted in the administration of iron, strychnine and jaborandi. The newer treatment may be conducted in three different ways: (1) Transplantation of thyroid glands. (2) Subcutaneous injections of thyroidal extracts. (3) Ingestion of thyroid glands or its juices. The results in any of the three methods are surprising and rapid. He warns against large doses; a daily dose of from ⅛ to ½ of a thyroid gland for injection or ½ to 1 thyroid gland by the mouth is sufficient. The latter method of administration is the better, as it insures against all the accidents following hypodermic injections. At the meeting a number of cases were presented in different stages of cure by the methods of treatment already cited.—*Münchener med. Wochenschrift.*

Binding the Extremities in Diseases of the Heart.—DR. EVAND-ARSLAND (*Bull. Med.*) recommends this procedure, which was first advocated by Prof. Giovanni, of Padua, in 1888. The method is as follows: The patient is placed in a horizontal position and the extremities are enveloped in elastic or simple bandages. The first day, the bandages are allowed to remain only one minute, and, to test the tolerance of the patient, only one extremity is bandaged. The degree of compression and the number of extremities compressed is increased daily. The value of this method has been demonstrated in cases, in which such remedies as digitalis, caffein and strychnine, etc., proved unavailing. Its action is explained as follows: compression of the blood vessels induces a resistance in the peripheral circulation and increases the blood pressure in the aorta. When an increased activity of the heart is possible, it strives to overcome the new resistance and contracts more forcibly; if the heart, in consequence of degeneration or dilatation, is incapable of compensation, then this maneuvre will only increase the trouble. The following case is introduced in illustration of the beneficial effects of treatment: A patient, 21 years of age, came into the hospital, suffering from dyspnea, cardialgia, edema of the extremities, dimished secretion of urine, diffused bronchitis with frequent hemoptysis, mitral insufficiency, and cardiac dilatation. After bandaging the extremities for one month, nearly all the signs of insufficient compensation disappeared. The last *sèance* lasted 1 hour and 45 minutes, and was well borne. After each bandaging, the following points were noted: Slowing of the pulse, increased force of the heart contractions and increased diuresis. This method is recommended as gymnastic exercise in all cases of cardiac disease, when the heart possesses sufficient strength for purposes of compensation.—*Wiener med. Presse*, Oct. 2, 1892.

Association of Hysteria with Organic Nervous and Other Affections.—M. BABINSKI presents nine observations showing the symptomatic picture of hysteria associated with organic diseases. The hysterical symptoms frequently lead to errors in diagnosis as in consequence of their conspicuousness they mark accompanying disease. *Case 1.*—Spasmodic organic hemiplegia—associated hysterical symptoms; sensory and sensorial hemianesthesia. Rapid disappearance of the hemianesthesia upon the application of a magnet. *Case 2.*—Diffused meningo-encephalités; hysterical astasia; disappearance of the latter by suggestion. *Case 3.*—Facial paralysis consecutive to fracture. The associated hysterical symptoms were motor and sensory and disappeared by suggestion. *Case 4.*—Peripheral neuritis; hysterical retention of urine. Cure of the latter by suggestion. *Case 5.*—Neurasthenia. The associated hysterical symptoms were ameliorated by suggestion. *Case 6.*—Cystitis; pyuria. The associated hysterical symptoms were painful micturition and retention of urine, which under the influence of suggestion disappeared. *Case 7.*—Endometritis. Associated hysterical symptoms; anesthesia of the pharynx, irradiating pelvic pains and vaginal hyperesthesia. Disappearance of the latter by suggestion. *Case 8.*—Organic coxalgia. Hysterical symptoms; hemianesthesia, contractures of the muscles of the thigh. The contractures disappeared under the influence of chloroform. *Case 9.*—Scapula-humeral periarthritis. Hysterical symptoms; contractures of the muscles of the shoulder, paresis and anesthesia of the upper extremity of the affected side. Disappearance of the latter symptoms after application of the faradic current to the affected muscles.—*Medicine Moderne.*

Clinical Investigations on the Action of Chloroform on the Kidneys.—RINDSKOPF has studied the urine chemically and microscopically. In 93 cases qualitative changes were noted 31 times, *i. e.*, every third case undergoing chloroform narcosis will produce a pathological urine. An analysis of the 31 cases shows: albuminuria alone, 6 times, albuminuria and casts, 6 times, casts alone, 19 times. The albumin and casts usually disappear 3 days after the operation. The quantity of chloroform inhaled is an undoubted factor in engendering the pathological condition of the urine. Attention is directed to the extreme caution necessary in aggravating an existent nephritis by chloroform narcosis. —*Munchener med. Wochenschrift.*

MENTAL DISEASES AND MEDICAL JURISPRUDENCE.

By A. W. HOISHOLT, M. D., Assistant Physician, State Asylum for Insane,
Stockton, Cal.

The Relation of Syphilis to General Paralysis of the Insane.—PROF. OBERSTEINER, of Vienna, has examined 74 cases of insanity where syphilis was the chief etiological factor; of these 66 were general paralytics, 2 were suffering from mania gravis acuta, 2 were melancholiacs, and 2 paranoiacs. To prove that the general paralysis is caused by the constitutional disease, lues, it is necessary to demonstrate that syphilis usually brings about such anatomical changes, which, when the disease extends to the central nervous system, shows a certain resemblance to what is found in general paralysis of the insane. In this latter disease we are dealing with a slowly progressing inflammatory process which leads to sclerosis and atrophy. This sclerotic process in the central nervous system, especially in the parts rich in blood-vessels, will bear a comparison with sclerosis developing from syphilis in certain other organs, for instance, in the liver. Obersteiner therefore concludes that syphilis is of great etiological importance as a cause of general paralysis, and he considers the latter disease as belonging to the tertiary forms of syphilis.—*Centralblatt f. klin. Medicin.*

Epileptic Neuralgia of the Face.—DR. FÉRÉ reports a case in which neuralgia of the face is associated with epilepsy. This has been observed before; Trousseau declared it to be simply coincident. The absence of hereditary taint, of intellectual disturbances, and of simultaneous occurrence of both affections, seemed to speak for the correctness of Trousseau's idea. In the following case, however, there is no absence of the foregoing symptoms, and what constitutes a further proof is that a cure of both diseases was brought about by the same remedy. The patient was a man 42 years of age, in whose family, on the maternal side, there was a decided hereditary taint. He had for six years been suffering from neuralgia of the face. At first the attacks occurred not oftener than every fourteen days, and were confined to the left side. They began on the chin and at the same time the skin became red, followed by the development of confluent maculæ. In the course of years these attacks became more and more painful and frequent (as many as 20 in one day). At the same time spasms at the side of the mouth and of the eyelids accompanying the pains showed themselves. Finally, after a number of medicines had been tried without benefit, epileptic attacks developed. By means of large doses of bromide of potash (7—10 grammes *per diem*) the epilepsy and neuralgia were cured within a few months, which would seem to show that the two affections had a common cause.—*Centralblatt f. klin. Medicin*, April 8, 1893.

De l'Obsession Dentaire.—DR. GALIPPE has recently described, under the name of "dental obsession," a mental derangement brought about by peculiar sensations in the teeth. He considers it allied to the mental disease, sometimes resulting in general paralysis of the insane, which frequently follows abnormal sensations in the tongue met with in neuropathic individuals, who fear that they are suffering from cancer of that organ. The cases of "obsession dentaire" reported by the author, were mostly women in whose families there was a hereditary disposition to nervous and mental diseases. The disease seemed to date from some dental operation, after which they had abnormal sensations in the teeth and could think of nothing else but their teeth. One patient was always suffering from pain, although not a tooth was diseased; another could not bear to have her false teeth in her mouth; a third suffered from contractures of the masseter-muscles. They were almost daily hunting for a new dentist, and had all sorts of dental operations performed on them without effect. The change in the mental state of the patients was very observable and it was only possible in a few instances to convince them that their disease was a general one, and to influence them to submit to a hydropathic cure. In these cases an improvement in the mental condition resulted, in the others the symptoms grew worse and worse, even leading to attempts at suicide. Dr. Galippe considers the disease a form of insanity, and that the latter will finally result in all the cases reported. He thinks all local treatment of no avail and that it should be avoided.—*Centralblatt f. klin. Medicin.*

FORMULÆ.

By Geo. B. Somers, M. D., San Francisco, Cal.

Nervous Debility:

Acid. phos. dil.	ʒ iv
Elix. calisayæ	℥ ii
Elix. valerian. ammon.	℥ i
Glycerin.	℥ ii
Vin. xerici	*ad.* ℥ viii

S.—Tablespoonful in water three times a day.—*Lancet-Clinic.*

Antiseptic Irrigation.—The following is used at the Berlin City Hospital in pharyngeal diphtheria:

Salicylic acid	gm. 3
Boric acid	gm. 30
Distilled water	gm. 1000

—*Union Médicale.*

Shock.—For slight shock following abdominal operations Dr. E. P. Davis gives the following: *College and Clinical Record.*

Elixir ammonii valer.	ʒ i
Spr. frumenti	℥ ii
Aq. bullienti	℥ ii—M.

S.—As an enema every two hours.

—*Annals of Gynecology.*

Diuretic and Purgative Wine.—In dropsy and general anasarca arising from organic lesions of the heart, Dr. Joseph Jones recommends the following:

Fluid extract of jalap	ʒ iii
Fluid extract of squills	℥ iii
Fluid ext. of jaborandi	℥ i
Fluid ext. of digitalis	mxxx
Nitrate of potash	ʒ iv
Angelica wine	Oii

S.—One tablespoonful every three hours until ordered to be increased.—*Times and Register.*

Turpentine.—The taste of turpentine is said to be thoroughly disguised in the following combination: (*Pharm. Era.*)

Oil of turpentine	ʒ ii
Glycerine	℥ i
Mucilage of acacia	℥ ss
Peppermint water, q.s.	*ad.* ℥ viii

—*Medical and Surgical Reporter.*

Asthma.—Crook recommends the following formulæ:

I.—When single remedies have failed, the following combination will sometimes abort the paroxysm:

Syrup. ipecac.	
Spiritus æth. comp.	āā ʒ iv
Sodii brom.	ʒ iv
Tincturæ belladonnæ	ʒ ii
Aq. lauro-ceras.	*ad.* ℥ iv

S.—Take two teaspoonfuls at the beginning of the attacks. Repeat twice at fifteen-minute intervals, if necessary.

II.—In treating the diathesis the following combination will sometimes succeed where single remedies fail:

Liq. potas. arsen.	mxxxii
Tr. nucis. vom.	
Tr. belladonnæ	āā ʒ ii
Ac. hydriod.	mxxxii
Elix. cinchonæ	*ad.* ℥ iv

S.—A teaspoonful three times a day before meals. To be carefully increased by five-drop daily installments, if required, until the dose is doubled.—*Post Graduate.*

Asthma:

Tr. opii camph.
Spr. alth. comp.
Tr. card. comp. āā *p. æq.*

S.—Fifteen drops every fifteen minutes until relieved. Or apply hot turpentine strips over chest and throat. Or use a drop or two of Fowler's solution on a cigarette, light, and inhale the smoke.—*Times and Register—Universal Medical Journal.*

Tonic.—The general tonic used at the Bellevue Hospital is composed as follows. *Bulletin of Pharmacy:*

Quininæ sulphatis	gr. xxx
Tinct. nucis vomicæ	gtt clx
Tinct. ferri chloridi	gtt clx
Acidi phosphor. diluti	ℨi
Syrupi	q. s. *ad.* ℨiv—M.

—*Annals of Gynecology.*

S.—Teaspoonful three times a day.

PUBLIC HEALTH.

By W. R. Cluness, M.A., M.D., San Francisco, Cal.

Mortality for May.—The deaths registered in 104 town districts of the State during the month of May, in a population of 838,384, correspond to an annual rate of 14.52+ a thousand; the total mortality having been 1016. 104 deaths were due to zymotic diseases, giving an annual rate of 1.49 a thousand; of these, 22 were due to diphtheria, 9 to cholera infantum, 18 to typhoid fever, 16 to diarrhea and dysentery, 16 to cerebro-spinal fever, 3 to whooping cough, 11 to croup, 1 to remittent and intermittent fevers, 6 to scarlet fever, 1 to measles, and 1 to small-pox. 267 deaths resulted from diseases of the respiratory organs, giving an annual rate of 3.82 a thousand; of these, 157 were due to consumption, 68 to pneumonia, 34 to bronchitis, and 8 to pulmonary congestion; the rate being, for consumption and pneumonia, 1.26 and .977, respectively. 91 deaths resulted from diseases of the heart, 4 from alcoholism, 5 from erysipelas, 39 from cancer, and 455 from causes not given. The average annual death rate from all causes occurring in the ten largest cities and towns in the State, and representing a population of 591,653, was 15.48. The highest rate for the month, occurring in cities having a population of 10,000 or more inhabitants, was reported from San Francisco; the lowest from Alameda and vicinity.

METEOROLOGY.

Summary for May.—*Temperature.*—The normal temperature of the State for May is 64°; the mean for May was 64°, showing no departure from the normal. The highest monthly mean was 88°, at Volcano Springs; the lowest 38°, at Cisco. The maximum was 117°, at Volcano Springs; the minimum 18°, at Cisco. The greatest monthly range was 64°, at the Agricultural Experiment Station, Tulare; the least 19°, at Poway. The difference between the highest and lowest temperatures recorded in the State is 99°.

Rainfall.—The normal precipitation for the State for May is .89 inches; the average for May was .56 inches, a departure from normal of —0.33. The greatest monthly precipitation was 5.61 inches, at Mount Shasta Soda Springs; and the least, nothing, at various points in the State. The prevailing winds were westerly.

Unusual Features.—There were no unusual meteorological features.—James A. Barwick, Director California Weather Service.

California—Tabular Statement for May, 1893.

STATIONS.	TEMPERATURE.						RAINFALL.		Mean Relative Humidity	WEATHER.			WIND.	FURNISHED BY—
	Mean	Highest	Lowest	Mean Highest	Mean Lowest	Mean Daily Range	No. of Days Rain Fell	Total Rainfall		No. of Clear Days	No. of Fair Days	No. of Cloudy Days	Prevailing Direction.	
Auburn ....Cal.	64.1	90.0	47.0	------	------	------	----	0.18	------	----	----	----	S.E.	Southern Pacific Company.
Berkeley......... “	55.9	80.0	44.0	67.1	44.8	22.3	4	0.26	81.0	15	9	7	W.	Obs. University of California.
Colfax........... “	59.8	82.0	40.0	------	------	------	----	1.30	------	----	----	----	N.E.	Southern Pacific Company.
Eureka.......... “	51.4	69.0	41.0	56.3	46.6	9.7	11	2.43	89.0	8	12	11	N.W.	Weather Bureau Dept. Agr.
Fresno.......... “	66.8	94.0	42.0	82.6	51.1	31.5	1	T.	48.0	28	2	1	N.W.	“ “ “
Keeler.......... “	65.2	87.0	42.0	77.8	52.6	25.2	1	T.	25.0	22	5	4	S.W.	“ “ “
Los Angeles.... “	62.6	90.0	45.0	73.0	52.2	20.8	1	0.06	75.0	10	14	7	W.	“ “ “
Monterey .... “	56.8	72.0	44.0	------	------	------	----	0.46	------	----	----	----	S.	Southern Pacific Company.
Napa............ “	61.6	83.0	42.0	73.5	49.6	23.9	3	0.49	67.0	18	9	4	S.	Station Napa Insane Asylum.
Oakland .... “	57.7	79.0	45.0	69.3	49.9	19.4	3	0.34	83.0	17	12	2	W.	Chabot Observatory.
Paso Robles.... “	65.1	90.0	48.0	------	------	------	----	0.27	------	----	----	----	S.	Southern Pacific Company.
Red Bluff....... “	65.7	96.0	41.0	77.9	53.5	24.4	6	0.61	49.0	19	8	4	N.W.	Weather Bureau Dept. Agr.
Sacramento. ... “	63.7	89.0	45.0	75.2	52.2	23.0	4	1.05	64.0	23	6	2	S.W.	“ “ “
San Bernardino “	64.1	92.0	42.0	79.9	48.3	31.6	1	0.03	68.0	21	5	5	W.	A. K. Johnson, M. D
San Diego....... “	61.0	88.0	49.0	67.9	54.1	13.8	4	0.39	75.0	22	3	6	W.	Weather Bureau Dept. Agr.
San Francisco.. “	55.8	74.0	46.0	62.0	49.5	12.5	2	0.15	------	21	6	4	S.W.	“ “ “
Santa Barbara.. “	59.2	83.0	46.0	68.0	50.4	17.6	2	0.09	72.0	17	7	7	E.S.E.	Hugh D. Vail.
Santa Cruz...... “	58.5	85.0	45.0	74.7	------	------	2	0.36	------	23	5	3	W.	W. R. Springer.
Yuma...........A. T.	76.2	104.0	52.0	92.3	60.2	32.1	2	0.29	41.0	27	2	2	W.	Weather Bureau Dept. Agr.

T. means a trace of rain.

Blank (----) indicates data missing.

Occidental Medical Times.

COMMUNICATIONS are invited from all parts of the world. When necessary to elucidate the text, illustrations will be furnished without cost to the author.

SACRAMENTO: JULY, 1893.

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The meeting at Milwaukee will, on the whole, be regarded as a success. The attendance was good, the number registering being 867. It was hoped that the presence of the Fair in Chicago would greatly increase the attendance, while at the same time the 90-odd miles separating the two cities would prevent the Fair proving too powerful a counter-attraction. This was only partly true, for while the proximity of the big show undoubtedly increased the number of visitors, it was very noticeable that there was a thinning out even on the first evening, a more marked diminution on the second, and on the third afternoon nearly half those in attendance had taken their departure.

Almost every State and Territory was represented by delegates, the attendance from California being larger than for many years. The general sessions were well attended, and a very lively interest was shown in all the proceedings. The work done in the Sections as a whole was quite up to the average, and that of some was certainly on a par with any society in this country. Many excellent papers were read, and the discussions were always longer than time would permit. This latter fact was very regrettable, for the discussions were undeniably good, and many of the speakers were prominent either as teachers or authors. The general addresses on surgery and medicine, while excellent papers, seemed hardly to come fairly under the head of what one would expect as a general address on these important subjects. The same criticism can be made on this feature as a whole, and it would seem desirable that a new departure was inaugurated. The feature of the meeting was the address on cholera by MR. ERNEST HART, the editor of the *British Medical Journal*, who was present as a delegate from the British Association. MR. HART is a very pleasing speaker, and at the same time his mastery of the subject, with the earnest manner of its presentation, held the unbroken attention of the largest audience present on any occasion during the meeting.

The news that the American Medical Association will meet in San Francisco next year will be a matter of sincere congratulation to the profession on this coast. It will then be 23 years since the Association has honored us with its presence; indeed, during all that long period a meeting has never been held in the great west, which seems a *terra incognito* to the majority of the Association. Various causes are ascribed for the comparatively slow growth of the National Association; but we have never heard mentioned one that has undoubtedly some weight in this retardation of progress. For years the Association has held its meetings in a comparatively circumscribed territory, which has consequently been well gone over. Occasionally this has been varied by excursions into new ground, and, we believe, with invariably good results. The argument is made that when meetings are held in places distant from the centre of population the attendance will be small, and the revenue will decrease. As a general proposition this is certainly not true; a new locality means new members who only attend because the Association is in their midst, and of this increment a fair proportion will be permanent. We believe that in the past a mistake has been made in ignoring the claims of distant localities. So far from the Association waiting for an invitation from such places it should, from time to time, move into these regions that the profession may realize it is a living entity. The ignorance displayed, even by prominent members of the profession, regarding the great West and its resources, would be amusing, were it not also deplorable It was frequently stated that a meeting in San Francisco would be a dismal failure; that no one would attend, and that it would be impossible to fill the Sections. To this we have no hesitation in replying that if only the officers be present there will be no difficulty in holding a good meeting, with an attendance almost entirely from the Pacific coast. This, however, will not occur. Conversion is rapid, and already many prominent members of the Association have signified their intention of attending. It is as yet too early to speak definitely, but we have no hesitation in prognosticating that the meeting of 1894 will prove, not only one of the most successful, but also one of the largest that has ever been held.

The preliminary arrangements at Milwaukee seem to have been carried out most carefully, and everything passed off in a very successful manner. Great credit is due to DR. U. O. B. WINGATE, the chairman of the committee, for this gratifying result of considerable hard work. There were no hitches of any kind, and fewer complaints than are usually found at such large gatherings. The citizens of the "Cream

City" were unbounded in their hospitality, and everywhere the Association was most heartily welcomed. The selection of officers for the ensuing year seems to have given general satisfaction. DR. HIBBARD, of Indiana, the President, as will be seen elsewhere, may be regarded as a California "pioneer." His election at this particular occasion is, therefore, particularly appropriate.

THE SAN FRANCISCO MEDICO-CHIRURGICAL SOCIETY.

For some time past it has been rumored that a new medical society was to be organized in San Francisco, though that city cannot be said to be unprovided in this direction. The rumor soon assumed a definite shape, and on June 5th the "San Francisco Medico-Chirurgical Society" held its first meeting, over sixty physicians having signed the roll.

Various causes have been assigned for the existence of the new society, some of which are doubtless born of the views and sentiments of the suggestors. At the bottom of all may be descried the unfortunate want of harmony that has long characterized the profession of the metropolis, and the equally unfortunate though inevitable jealousy between the two schools of medicine in that city. This factional fight has been an annual offense in the State Society year after year, to which we have frequently referred. The State Society is not concerned in these matters, and we hope that in the future a more than ever determined effort will be made to effectually ignore them. On this particular occasion there are two factions who offer different causes for the existence of the new organization. It has been publicly stated that the new society "was conceived in chagrin and brought forth in revenge." On the other hand, we find that the new organization "will devote its entire attention to the advancement of medical science, and not permit strifes or personal conflicts." The facts of the case justify the assumption that the society has originated from a desire to find more congenial association in the sole prosecution of medical and scientific improvement. It is asserted that it has been modeled on the plan of the Sacramento Society for Medical Improvement, which, if true, will go far to assure its success as a power for good in the profession. This society, the oldest medical organization in the State, though small in numbers, has always been a source of strength in our ranks, and has paved the way for many societies not only in California, but even in other States.

The question of the advisability of organizing a new society in an already well-occupied field, is one that is open to discussion. There are two purposes that medical societies fulfill: (1) Medical and scientific improvement. (2) Professional organization. We regard both as equally important. In the smaller communities the dual purpose can be accomplished by one society, but in larger centres of population this has never seemed to be practicable. Small and exclusive societies have been formed, the specialists have seggregated themselves, and better scientific work has been accomplished. The "county society" must always remain the common centre for professional organization, to which all legally qualified practitioners accepting the code of ethics, and practising in accordance with it, can find admission. It will, therefore contain all the diverse elements of a large city, some of which will not be harmonious. Of necessity it cannot confine its attention solely to scientific subjects. Legal and ethical questions will come before it for adjustment, and subjects of moment to the profession in its vicinity as they arise must be promptly met. To these will always be sacrificed a portion of the time devoted to scientific work, but this sacrifice is essential to the well-being of the profession, of which many instances can be cited. Special and exclusive medical societies eliminate all these questions by constitutional provision, and by so doing tacitly refer them to the central organization, and equally acknowledge it as the local representative unit of the profession. The larger society can also accomplish good scientific work, in which all should aid; there should be no attempt at belittling its influence or diminishing its importance, but all should work together for the common good.

There are some regrettable features about this unpleasantness, prominent amongst which are, the unwarrantable dragging in of the State Society, the resignation of several prominent members from the county society, and the newspaper publicity which has been afforded to the whole matter. For the first of these there is absolutely no justification. If these local disputes are to be interjected in our annual meetings, they must be sternly repressed, and we believe the State Society is equal to the task. Each year a presiding officer must be elected, and as there is generally more than one candidate, some one must be defeated. After the vote has been announced it is comparatively useless to discuss the cause or source of failure. If this be due to the unreasoning domination of one faction, time will assuredly bring an ignominious defeat. Regarding the question of resignations from the County Society, it is unfortunate that they should have occurred at this juncture. It gives color to the cry of secession and of opposition that has been raised, and was certainly not politic. On the other hand, membership in any body may become so intolerable as to leave the individual no other choice than withdrawal, at any sacrifice, and those who have been interested in a "repressive policy" may proceed to count the cost. As to the unfortunate publicity in the daily papers, we have only the most emphatic condemnation. We prefer to believe that this publicity was due rather to the energy or enterprise of the ubiquitous reporter than to the assistance of any member of the profession. The lay press is not the field for discussing professional disputes, nor is the public the tribunal by which we decide such matters. To bring our disputes before the public is indeed poor policy, and to seek publicity of this character is to invite disaster.

The question of the relative position of the new society and its members to the State Society has been raised. As far as the State organization is concerned the new society does not exist, as it has no official cognizance of it; nor will it have, until the Medico-Chirurgical Society seeks recognition. There is no constitutional limit to the number of local societies that may be organized and no conditions are specified except the adoption of the Code of Ethics of the American Medical Association. This provision is not expressly stated in the new Constitution, but is implied in Article VII, and it would undoubtedly be the turning point of the decision, should a dispute ever arise. The State Society has, in the past, been exceedingly liberal in its views on this subject. Even when new societies have arisen through local friction, as in Alameda and in San Francisco, with the Medical Benevolent Society, whose worthy successor is now the California Academy of Medicine, recognition was promptly accorded. We are satisfied to judge the new society by its works. Its organizers assert that it is not founded in opposition to any society and that it proposes to attend solely to its own business, leaving others alone and desiring the same treatment. It has declared its principles; if these be productive of better scientific work, we shall gladly welcome it. Meanwhile we shall accord it that consideration to which all are entitled who profess the intention of working for the common good.

COOPER MEDICAL COLLEGE.

The long term of lectures in Cooper Medical College commenced on the first of June and will continue six months. The season opens with a class of one hundred and eighty students, which, when matriculation is completed, will be increased to at least two hundred. The course was opened by an address by the President, DR. L. C. LANE, from which we extract the following words of greeting and monition to the students:

"I extend to each of you friendly salutations on the occasion on which you are assembled: some to resume anew your studies, and others to receive your first instruction in medicine.

"In opening his song to the bell, in which the phases and fortunes of human life are summarized in sublime verse, SCHILLER says:

'The earnest work on which we enter,
Some earnest word well befits.'

"We meet for one of the most important purposes of human life: purposes, akin, and also widely different; I to impart, and you to receive instruction, which is to prepare you for a great profession. Our duties will be pleasant; and yours the more so, since unknown facts will constantly be revealed to you, which will not only delight by their novelty, but will have the added charm that they are to remain in your keeping as valued possessions. It will be my pleasant task to deliver into your keeping those facts which the research, investigation and toil of our predecessors have verified and willed to medicine as its common property. By this instruction you become the undisputed owners and holders of a priceless heirloom which has come down through the centuries. I desire that, with heart as well as understanding, you fully grasp the import and momentousness of the work which this hour renews or commences.

"To the beginner the task of receiving instruction is at first toilsome; but the work becomes easier as soon as the frictional impediments of getting into movement have been overcome; and finally your work will be accomplished with such unconscious effort that it will be a pleasure. But before this stage is reached, much preliminary discipline and well planned training are required. This discipline mainly consists in compelling the thinking power to work along predetermined lines. This is not its natural habit: it prefers to wander uncurbed, without aim, purpose or direction. Even the mind which has been well shapen by education, would fain thus idle its time away. This careless mental mood is well described by HORACE, who, though so brilliant a thinker, was indulging in it when he says: 'I was walking along the Sacra Via, as is my custom, unconsciously meditating trifles, and wholly absorbed in them.'

"In the tasks on which you here enter, there will be a demand on you for the closest attention; in your programme you will find no hour assigned to the meditation of trifles. Continuity of thought must be cultivated, as well as the habit of riveting attention to the subject under consideration. This labor will often be tedious; yet one of the best disciplines for youth is to force itself to do what it dislikes. He, who has learned to do this, is within reach of the best prizes of life; and he who fails to learn this will surely be found in the lists of failure.

"In your work, memory is especially to be trained; notes must be taken and read and re-read, until the facts they contain are indelibly written on the tablets of your brain. These notes should be mere headings, mere sign-boards, pointing along paths of thought. These epitomes of your studies should be preserved and read after the completion of your curriculum.

"This hour which opens the course should be the occasion of new resolves; to drop ill habits; to improve character in every direction where it demands amendment. Especially, make repairs where time has been lost. Life has but a limited number of hours; almost all else can be regained if lost; but not so with time; once squandered the loss is fatal. The past does not belong to us, for it has fled; the future is an uncertain thing which may never come to us; and the present, which is but a fugitive moment, is only ours; let this fugitive go, laden with precious work that will be enduring.

"All students can learn; some quickly, yet such often easily forget; he who learns slowly, rarely forgets. The slow worker, or plodder, as he is often called, oftener wins the race than the genius who is frequently lost in wayside excursion; the former, Mezentius-like, chains himself to his anatomical subject, while the latter, in dalliance with pleasure, wastes his precious opportunities. Let no one tire or falter before the course is finished; and, above all, do not steal away to some institution where the diploma is more easily gotten. As encouragement to you, nothing is more sure than that he who works honestly and faithfully here will not fail.

"Be loyal to your Alma Mater; in every honorable way advance her interests, and see that no foul action of yours sullies her escutcheons; but rather add to her good name by the best possible preparation for your future mission to suffering humanity."

NOTES.

The Kentucky School of Medicine.

The Kentucky School of Medicine is the latest to join the ranks of the four term schools. Hereafter all candidates for its diploma must furnish evidence of attendance on four courses of lectures and the usual standard will be maintained. The good work accomplished by the various State examining boards continues and, if supplemented by similar action regarding membership in the different State medical societies, the four term school will soon be the rule and not the exception.

The Journal of the American Medical Association.

In the *Journal of the American Medical Association* for June 24, Dr. Culbertson says: "With the election of four new trustees there was necessarily a practical reörganization of the board under which the editor was not a candidate for reëlection. His official relations with the *Journal* cease with this issue." Dr. Culbertson has held the reins for two years, and is, therefore, in a position to offer some suggestions as to the best manner of improving the *Journal*. That it has not been what had been expected, is admitted on all hands, but the reasons for this failure can only be supplied by those familiar with its inside workings. It is far easier to criticise and to suggest than to carry out any method. Of the many critics it is safe to say that very few could do even as well as has been accomplished. It is quite certain that if the *Association Journal* is to be the success that its position entitles us to hope it can attain, it will be necessary first, to obtain a thoroughly competent man, who shall have absolute charge of affairs during his term of office. He must give his whole time to the work and, admitting his ability, he must be content for a while to work largely for glory and the future. Funds are as necessary in modern competitive journalism as elsewhere, and unless these be provided the *Journal* must continue, as in the past, to remain in the ranks of mediocrity. Dr. Culbertson will resume his connection with the Cincinnati *Lancet-Clinic*, which he has published for many years.

Gastrotomy for a Unique Tumor.

A remarkable example of those peculiar cases sometimes encountered, in which indigestible substances eaten by the patient accumulate in the stomach, was recently operated upon by Mr. L. H. Ormsby, of Dublin. According to the *Medical Press and Circular*, the subject, a young lady, æt. 19, had been suffering from a painful, elongated, transverse enlargement of the abdomen which had occupied the epigastric and umbilical regions for two years. She was examined many times by surgeons and physicians, who had given various diagnoses and prescribed various treatments, but as she found no relief from any of these, operation was eventually decided on. On the 6th of April Mr. Ormsby, under ether, opened the abdomen and failed to find the growth in the abdominal cavity, but, after searching, found it enclosed in the stomach. He then performed gastrotomy, dividing the viscus to the extent of five inches, and removed a large, black-looking body, rounded at each end, about twelve inches long and nine inches in circumference at its thickest part. It had very much the shape of a large-sized cucumber, partaking of the curve of the stomach. The growth when examined was found to be composed of human hair mixed with inspissated aliment and gastric mucus. The patient afterwards admitted that she had been eating her hair for a number of years. The stomach was carefully washed out, the incision brought together by two rows of suture, the abdominal cavity flushed out and then closed. The operation lasted nearly two hours. The patient was fed on nutritive enemata for the first week, and has made an uninterrupted recovery.

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION, BY-LAWS AND CODE OF ETHICS OF THE AMERICAN MEDICAL ASSOCIATION.

History.

In May, 1846, a medical convention was held in the city of New York to consider measures for the elevation of the medical profession, in all its constituent elements, and for the promotion of its organic unity. After much discussion it declared that a National organization of every State and interest was demanded. Committees were appointed to draft a Constitution, By-Laws and a Code of Ethics, and to report at a meeting to be held the following year. Accordingly, in May, 1847, representatives of the profession of the United States met in Philadelphia, heard and discussed reports of committees, aud adopted a Code of Ethics, a Constitution and By-Laws, which, with slight alterations, have continued to direct the organized movements of the profession till now. In compliance with the instruction of the Association in June, 1892, the following Constitution and By-Laws are formulated for the purpose of promoting the best activity of a general medical organization of the profession in North America:

Constitution.

Name.—This organization shall be known as The American Medical Association.

Members.—Membership shall be limited to members of the several affiliated State medical societies[1] recognized thereby or represented therein. As membership in these societies is open to all reputable practitioners in each State, the membership in the American Medical Association is open to all reputable physicians in North America. All persons now members of the Association shall continue such so long as they remain in good standing in their State society, and pay their annual dues. If they desire to participate in any annual meeting, they shall present to the Committee of Arrangements of said meeting a certificate from the officers of their State or local society to the effect that their standing is good, and one from the Treasurer of the Association showing that all dues are fully paid. To all presenting such certificates, the Committee of Arrangements shall issue the credentials necessary for active participation in the annual meeting. Any member of a recognized State or local medical society may become a member of the Association by presenting to the Committee of Arrangements at any annual meeting a certificate from the officers of his society showing that he is in good standing therein, and a certificate from the Treasurer of this Association showing that he has paid the annual dues. All members of the recognized State or local medical societies who are unable to attend the annual meeting may become members of the Association by sending to its Treasurer, at any time, a certificate, from the officers of his society, of his good standing, and remitting the annual dues. All members who have fulfilled these two conditions shall have equal rights and equal responsiblities in the Association, and regularly receive the Association journal. All State Medical Societies, with their constituent local societies, shall be recognized by the American Medical Association if they accept its Code of Ethics. Members of Canadian and Mexican medical societies shall be admitted to membership upon the same terms as those in the United States. The regular graduates of such schools and colleges of dentisty as require of their students a standard of general education and a term of professional study equal to the best class of medical colleges in this country, and embrace in their curriculum all the fundamental branches of medicine differing chiefly by substituting practical and clinical instruction in general medicine and surgery, are recognized as members of the regular profession, and eligible to membership upon the same terms as other members. No person shall be permitted to take part in any annual meeting until he or she has completed the conditions of membership at that meeting, and can exhibit certificates to this effect from the Committee of Arrangements. But suitable persons may be introduced as guests, either at the general session or the Section sessions, and be invited to engage in the scientific and social exercises of the meeting without taking part in the transaction of business.

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[1] The words "State society," as used in this report, are intended to refer to and include the District of Columbia and every general medical society in any Territory that has the same scope and purpose as our State societies.

Meetings.—The regular meetings shall be held annually at such time and place as may be advised by the Business Committee and ordered by the Association. The details of these meetings are stated in the By-Laws.

Officers.—The officers of this Association shall be a President, four Vice-Presidents, one Secretary, one Assistant Secretary, a Treasurer, and a Librarian. These officers shall hold office during one year or until their successors are elected, and shall enter upon their duties immediately after election.

The President shall preside at the meetings, preserve order and decorum in debate, giving a casting vote when necessary, and perform all the other duties that custom and parliamentary usage may require. At the opening session he shall deliver an address to the general meeting, not to exceed thirty minutes in length.

The Vice-Presidents may be called upon to assist the President in the performance of his duties, and during his absence, or at the request of the President, one of them shall officiate in his place.

The Secretary shall record the minutes of the general sessions and authenticate the proceedings; give due notice of the time and place of the next annual meeting; notify all members of committees of their appointment and the duties assigned to them; hold correspondence with other organized medical societies, both domestic and foreign, and carefully preserve the archives and unpublished transactions of the Association. For his personal expenses in attending the annual meetings, the Secretary shall draw upon the Treasurer of the Association.

The Assistant Secretary shall aid in recording and authenticating the proceedings of the Association; serve as a member of the Committee of Arrangements, and perform all the duties of the Secretary, temporarily, whenever that office shall be vacant by death, resignation, or removal.

The Treasurer shall have the charge and management of the funds of the Association. He shall give the Board of Trustees bonds for the safe keeping and proper use and disposal of his trust. Through the same Board he shall present his accounts, duly authenticated, at each regular meeting. He shall each month furnish the President of the Board of Trustees with a statement of accounts for the guidance of the Board in its expenditures. For his personal expenses in attending the annual meetings, he shall draw upon the treasury through the President of the Board of Trustees.

The Librarian shall receive and preserve all property in books, pamphlets, journals, and manuscripts, presented to or acquired by the Association, record their titles in a book prepared for this purpose, and acknowledge the receipt of the same. He shall deposit these documents in such place and manner as the Association may direct, after advising with the Board of Trustees.

Standing Committees.—The Committee of Arrangements shall be composed of at least seven members, of whom the Assistant Secretary shall be one, all residing in the place at which the Association is to hold its next annual meeting. It shall provide suitable accommodations for the meeting; shall verify and report upon the credentials of membership; shall issue credentials of membership to such as fulfil the conditions; shall publish the rules governing the reading and discussion of papers and the order to be observed in the business of the general and sectional meetings; shall receive and announce all papers communicated, and, with the several Section Secretaries determine the order in which the papers shall be read and discussed; shall prepare a list of members present on a separate roll for convenience in calling the ayes and noes, when these are demanded; it shall have each member register his name, address, and place of stopping during the annual meeting, and the name of the Section that he will attend and in which he will vote for Section officers. The expenses of hall for general meeting, of rooms for the Sections, and cards of membership, shall be met by the Association. Should the committee incur other expenses, it must meet them from its own resources. The committee shall be nominated by the Business Committee, and elected by the Association.

The Board of Trustees shall consist of nine members, three of whom shall be elected annually, on nomination of the Business Committee, and serve for three years. This Board shall manage all matters relating to finance and publication. Thus it must provide for and superintend the publication and distribution of all such proceedings of the Association as may be ordered to be published, in such manner as the Association may direct. In doing this it shall have authority to appoint an editor and such assistants as may be necessary, and to determine their salaries. It shall procure and control such materials as may be necessary for the performing of the duties assigned it. To the Board or its representatives must be delivered, during the annual meeting, or as soon thereafter as is possible, by the Secretary of the Association and by the Section Secretaries or Executive Committees, all records of meetings, papers, or discussions, and such other documents as were ordered published by the Association. All money received by the Board of Trustees or its agents, resulting from the discharge of the duties assigned them, must be paid to the Treasurer of the Association, and all orders for disbursements of money, in any way connected with the work of publication, must be endorsed by the President of the Board of Trustees. It shall further be the duty of the Board of Trustees to hold the official bond of the Treasurer for the faithful execution of his office; to annually audit and authenticate his accounts, and present a statement of the same to the Association. This report must specify the character and cost of all publications of the Association during the year; the number of copies still on hand, and the amount of all other property belonging to the Association, under its control, with such suggestions as it may deem necessary. It shall yearly publish a list of members, their addresses in full, year of admission, the Constitution and By-Laws and Code of Ethics, and such other information as may be deemed useful, for yearly distribution to the members at each meeting. At the opening of each volume it shall publish a disclaimer by the Association for any responsibility for opinions expressed in the volume. To this Board must be referred all propositions for the appropriation of money, to be considered and reported upon before the final action on the same by the Association.

The General Business Committee shall be composed of the several Section Executive Committees, selected as hereafter described. It shall hold daily meetings during the sessions of the Association, and such other meetings as may be deemed necessary for the performance of its duties. All matters of business not provided for by the Committee of Arrangements, the Board of Trustees, the Judicial Council, and Special Committees, shall be referred to it without debate, for consideration and report to the Association. In general, this Business Committee shall give especial attention to the interests of the Association as a whole, and through these interests shall seek the development of the Sections; it shall consider all matters of business referred to it by the Association, and report upon them at the earliest possible moment, when the Association may accept or reject said report, as it may deem best. It shall be the duty of this Committee to seek the removal of such obstacles as interfere with the cordial coöperation in the Association of all competent, honest practitioners of rational medicine throughout this continent, and to promote every means by which coöperation shall be effected and maintained. Further, the General Business Committee shall make and present the nominations for officers of the Association and its Standing Committees, and recommend the time and place of the ensuing meeting. It shall appoint its own officers, and adopt rules for the orderly performance of its duties. Finally, it is expected that it will perform all its duties in the interests of the advancement of scientific medicine.

The Judicial Council shall consist of twenty-one members, whose duty it shall be to take cognizance of and decide all questions of an ethical or judicial character which may arise in connection with the Association. It is distinctly understood that neither this Council nor the Association shall take cognizance of differences arising between the members of any State or local society. Such differences must be settled by such societies themselves, and the Association will accept such decision as final. Of the twenty-one members first appointed, the first seven named upon the list shall hold office one year, and the second seven two years. With these exceptions, the term of office of the members of the Judicial Council shall be three years, seven being nominated by the Business Committee yearly, and elected by the Association. The Council shall organize by choosing a President and Secretary, and shall keep a permanent record of its proceedings. The decisions of said Council shall be final upon all ethical questions referred to it by the Association, and must be accepted without debate. Such decisions shall be reported to the Association as soon as practicable. All questions of a personal character, including complaints and protests, and all questions on the ethical standing of medical societies, shall be referred at once, when presented to the Association, to the Judicial Council, and without debate.

Income and Expenses.—The income of the Association shall be derived from subscriptions to its journal and advertisements therein, from specific publications and voluntary contributions for specific objects. Its funds may be appropriated for the expenses of halls, for general sessions and Section meetings, and for cards of membership, and such other expenses of the annual meeting as are essential for the conduct of the routine work; for meeting the necessary personal expenses of the Secretary and Treasurer while attending the annual meetings and in conducting the necessary correspondence; for publications; for enabling standing committees tofulfill their respective duties and conduct their correspondence; for the encouragement of scientific investigation by prizes, and for defraying the expenses of scientific investigation under the instruction of the Association, where such investigation has been accompanied with an order upon the Treasurer to supply the funds necessary for carrying it into effect.

Amendment.—No amendment or alteration shall be made in any of these rules except at an annual meeting next subsequent to that at which such amendment or alteration may have been proposed, and then only by the voice of three-fourths of all the members present. Provided, however, that when an amendment is properly under consideration, and an amendment thereto is offered germane to the subject, it shall be in order, and, if adopted, shall have the same standing and force as if proposed at the preceding meeting of the Association.

By-Laws.

Order of Business.—The order of business at the annual meetings of the American Medical Association shall be subject to the vote of three-fourths of all the members in attendance. Until thus altered, except when suspended, it shall be as follows:

1. Calling the meeting to order by the President.
2. The report of the Committee of Arrangements on the credentials of members, after the latter have registered their names and addresses; and on such other matters as it desires to present to the Association.
3. The reception of guests of the Association.
4. The annual address of the President.
5. The reception of reports from all special committees.
6. The reading and consideration of reports of standing committees, the Board of Trustees, Business Committee and Judicial Council.
7. New business and instructions to standing committees.
8. The report of the Business Committee and the election of officers of the Association; the selection of next place of meeting.
9. Reports from the Executive Committees of the Sections.
10. Reading of the minutes by the Secretary.
11. Unfinished and miscellaneous business.
12. Adjournment.

Meetings.—The annual meetings of the American Medical Association shall be held in May if the place be in the South, and in June if the place be in the North. The day of opening of the general sessions shall be on the first Tuesday after the first Monday of the month selected. The hour on the opening day shall be 10 A. M., and on the following days 4:30 P. M.

Sections.—The several Sections shall hold their first meeting at 1:30 P. M. on the first day, and at 9 A. M. and 1:30 P. M. thereafter daily. The several Sections are as follows:

1. Practical Medicine and Physiology.
2. Obstetrics and Diseases of Women.
3. Surgery and Anatomy.
4. State Medicine.
5. Opthalmology.
6. Diseases of Children.
7. Dental and Oral Surgery.
8. Medical Jurisprudence and Neurology.
9. Dermatology and Syphilis.
10. Laryngology and Otology.
11. Materia Medica and Pharmacy.

Officers of Sections.—The officers of each Section shall consist of a Chairman, Secretary and Executive Committee. The Chairman and Secretary shall be elected annually, immediately after the Section is called to order on the afternoon of the second day. During the session of the first day, the Chairman shall appoint a Nominating Committee, consisting, if practicable, of ex-chairmen of the Section, to report at the opening of the afternoon session of the second day. Election shall be by ballot.

The Executive Committee of each Section shall, when first appointed, consist of three members from among those who have been in attendance at the sessions of the Section for at least two years, to serve for one, two and three years respectively; and thereafter the retiring Chairman of the Section shall take the place upon the committee of the retiring member. It shall be the duty of the Executive Committee, in conjunction with the Chairman and Secretary, to give special attention to the interests of their own Section. Thus they shall secure the annual republication from *The Journal* of the work of the Section, its papers and discussions, lists of officers, lists of all members of the Section, with their addresses, and rules adopted by the Section for the conduct of its work, securing from the Section the funds needful for the performance of this purpose. They shall carefully edit all publications of the Section, and secure a creditable mechanical execution of the same. They shall also take such measures as in their judgment will secure the cordial coöperation of all reputable workers in their special fields in North America. If desired by the Section, they will make arrangements for an inexpensive annual dinner for their individual Section. Further, these several Executive Committees of the Sections shall meet together and form a General Business Committee of the Association, with powers and duties described under the head of the General Business Committee.

The Chairman of each Section, in addition to his duties as a presiding officer and a member of the Executive Committee, shall read a short address at the opening of the session on the first day. In conjunction with the Secretary, he shall secure from members papers to be read, and arrange for the discussion of the same. This order of Section work he shall communicate to the Chairman of the Committee of Arrangements at least one month before the annual meeting.

No paper read before the Sections shall occupy more than twenty minutes. If it be longer, the writer should make such an abstract as will bring it within the limit, and present it for discussion. No person shall discuss any paper more than once, or speak longer than fifteen minutes without unanimous consent. No paper shall be read before any Section that is not in such condition as to pass at once from the reader's hands to the Executive Committee of the Section. Within thirty days, said committee must forward the entire work of the Section to the Board of Trustees, with such recommendations as it deems proper. But no paper shall thus be sent by an Executive Committee that does not fall under one of the following heads: (1) Such as may contain and establish new facts, new modes of practice or new principles of real value. (2) Such as may contain the results of well devised original experimental research. (3) Such as present so complete a review of the facts on any particular subject as to enable the writer to deduce therefrom legitimate conclusions of importance. Other papers containing material of more or less value shall be returned to their authors, to be published as they may desire, with the statement that they were read before said Section of the American Medical Association. In general, it is expected that each Executive Committee will make every effort to secure for its special Section, papers and discussions which will fairly represent the active workers in their department of medicine, and otherwise promote cordial good will among the several workers therein.

Publication of Papers and Reports.—All papers and reports must be so prepared as to require no material alteration or addition at the hands of authors. All Section work must be in the hands of the Trustees within thirty days after the annual meeting. Proofs will be sent authors, but they should be returned at the earliest possible moment, and unless returned within two weeks, will be omitted from *The Journal*. Every paper requiring it, shall be illustrated at the expense of the Association, should it accept the same for publication. Every paper accepted is understood to be contributed exclusively to the Association Journal, though brief extracts of the same may be published elsewhere. In case of an article that is of especial value, the result of expensive research or experimentation, the Trustees, at their discretion, may compensate the writer in accord with the usual price of such work. The Board of Trustees has the power to reject any paper referred to it, unless especially instructed to the contrary by the Association.

Dues.—Each member of the Association shall pay his annual subscription to *The Journal* of five dollars before receiving from the Committee of Arrangements his membership ticket to the annual meeting. The evidence of this shall be the Treasurer's receipt for the five dollars. Any member failing for one year to pay this subscription shall be dropped from the rolls.

Delegates.—The President of the American Medical Association is authorized to appoint members, desiring such appointment, as delegates to the several medical and scientific bodies that are in sympathy with the Association.

Duties of Members.—No one shall be permitted to address the Association unless he first shall have given his name and address, which shall be distinctly announced from the chair. If desirable, the member may be required to go forward and speak from the platform. Failure to do special committee work shall cause the offender to forfeit a continuance of the same appointment, or a place upon any other, unless satisfactory excuse is offered. It is expected that every member will, in all ways available to him, promote the interests of the medical profession as represented in the Association. He is expected to conform to all its regulations in spirit and letter until they may be altered by the action of the body which formulated them.

Conditions Excluding from Membership.—All societies that reject the Code of Ethics of the American Medical Association, or intentionally violate or disregard any article of the same, are thereby of their own choice debarred from membership.

The Previous Question.—When the previous question is demanded, it shall take at least twenty members to second it. When the main question is put under force of the previous question and negatived, the question shall remain under consideration, the same as if the previous question had not been enforced.

New Business.—No new business, or resolutions by members, shall be introduced at the general session of the Association, except on the first and fourth days of the meetings.

Eligibility to Office.—In the election of officers and the appointing of committees by the Association and its President, they shall be confined to members present at the meeting, except in the Committee of Arrangements.

Medical and Surgical Exhibit.—There shall be no medical and surgical exhibit, under the authority or recognition of the American Medical Association, other than that made before the several Sections under the supervision of the Business Committee. All that is new and of value to the scientific or practical physician can thus find an appreciative audience. Experience has shown that all other exhibits detract from the work in Sections, and so lessen the attractiveness of the annual meetings to those whose presence is desirable.

Signed:
H. D. HOLTON, *Chairman.*
LEARTUS CONNOR.
DANIEL E. NELSON.
BENJAMIN LEE.

Minority Report.

The minority of the Committee on Revision of the Constitution and By-Laws, respectfully reports:

That after a study of the printed new Constitution and a comparison of it with the present one, more careful, thorough, and prolonged than was possible at the meeting of the Committee in Buffalo, he has felt constrained to disapprove some of the radical changes adopted by the Committee, and to withdraw his name from the report. He believes that the retention of the government of the Association in the hands of delegates chosen annually as their representatives by State and local societies, would continue to be a safeguard against possible evils of great magnitude, and would secure the stability and promote the welfare of the Association.

He also believes that taking away from the representatives of the various State and County Societies, assembled at the annual meetings, the right to choose the Nominating Committee and bestowing it upon the Business Committee would be unfair, unjust, and deservedly unsatisfactory to the great majority of the Association.

Signed, HENRY D. DIDAMA.

CODE OF ETHICS.

Your committee appointed to consider the advisability of amending your Code of Ethics, have had the subject under consideration, and at one time outlined the changes which they believed desirable. The matter was committed to one of its members to write out. However, pressure of other affairs, beyond his control, prevented his doing so. In addition, the following new questions have pressed for consideration. What should be the relations of the profession to railroad and other corporations, to accident insurance companies and other societies, to free dispensaries, to hospitals, and to other institutions? The data for answering these questions were not at hand, and would require much time to collect and carefully study. We therefore desire at this time to report progress, and ask for further time to perfect our report. We would, however, suggest the following as tending to promote the spirit of equity between physicians, and so increase professional prosperity:

First—We would omit all sections of the Code that describe the obligations of patients to their physicians, and of the public to physicians. The reason for this suggestion is that the Code is not designed either for patients or the public, and so the sections are superfluous. This omits ten sections under Article II, on pages 5, 6, 7 and 8, and Article II, on page 20.

Second—We suggest the placing in the same list with the copyrighting of medical books and other similar work, the patenting of all mechanical appliances used in medicine or surgery. The Code says nothing respecting the copyrighting of medical publications, and we find no good reason why it should say anything respecting the patenting of mechanical devises.

Third—We recommend the more accurate definition of the term "consultation," as we find good reason to believe that serious estrangement has arisen between physicians because of the different ideas they attached to this term. The Code of Ethics, page 14, second line from top, says that in a "consultation" the responsibility must be equally divided between the medical attendants—they must equally share the credit as well as the blame of failure. With this statement before us, it is clear that there can be no consultation when one physician meets another for the purpose of obtaining from him an account of the case, or pertinent facts of family history, or a record of the past management of the case, in order that he may more intelligently assume the entire responsibility of its future conduct. Thus the existing Code of Ethics of the

American Medical Association defines a consultation substantially as a meeting of doctors to discuss a case to the end that they may equally share in its further management. By the same authority a consultation is not a meeting of physicians with a case, in which one gets all the facts possible from the other or others, as a preliminary to his assuming entire responsibility in its future conduct.

From these data it is clear that usually the specialist does not consult with the general practitioner. He simply obtains all the facts the general practitioner possesses, preparatory to assuming full control of the case. There are many other occasions for the meeting of medical men, in connection with cases of sickness, that are in no sense consultations according to the existing Code. Hence we think that in the interest of scientific accuracy, there should be a discrimination made in the study of consultations, as present conditions differ widely from those of forty or more years ago.

Having premised this much, your committee recommends the alteration of Art. IV, Sec. 1, page 11, Code of Ethics, to read as follows: "A thorough medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as the good of the patient is the sole object in view, and this is often dependent upon personal confidence, no intelligent practitioner, who has a license to practise, from some medical board of known and acknowledged legal authority to issue such license, and who is in good moral and professional standing in the place in which he resides, should be refused consultation when it is requested by the patient."

Fourth.—It is suggested that it would be wise to re-write the Code in phraseology so plain as to make it a practical, common-sense document for daily guidance in the performance of our various duties and an aid in meeting responsibilities incident to our professional life.

Finally, your committee found that in but few medical colleges has this document been taught, and never as a portion of the required curriculum.

It is believed that professional success of the best sort depends as well upon a practical knowledge of medical manners and medical ethics as upon anatomy, physiology, pathology, therapeutics, or surgery. To be master of the rules of conduct by which our neighboring doctors can be made our friends and kept such, so that the people may see that the medical men who serve them form a band of brothers devoted to the service of suffering humanity, is to possess a most desirable professional resource. The committee finds the Code of Ethics contains the essentials for the successful conduct of a medical career, as these have been learned by the actual experience of the best members of the medical profession, from the earliest dawn of history to the day on which it was written. It sincerely trusts that the present discussion will lead to a more intelligent appreciation of its truths by all physicians, and especially that hereafter it will be made a text-book in every medical college, and an accurate knowledge of its contents be made a condition of receiving the degree of Doctor of Medicine.

The committee deprecates all efforts to abolish, belittle, distort, ridicule, or otherwise lessen, its hold upon the profession. It is a heritage representing at once the best characteristics of our profession during all its history, and a scientific document that points out the line of greatest prosperity in the future. It would seem better far, that, in the spirit of scientific students, we patiently inquire whether in any respect the changes incident to the last half century warrant any modifications of statement of any portion of this document in the interest of good to all and ill to none, for the increased prosperity of medical art and science and a more united professional power over those whom we serve.

Signed: HENRY D. HOLTON, *Chairman.*
LEARTUS CONNOR.
DANIEL T. NELSON.
BENJ. LEE.

Minority Report.

The minority of the Committee on Revision has the honor to report against any kind of revision of the Ethical Code:

1. Because the language of the Code is clear, concise, and accurate, and conveys to the mind the soundest ethical principles derived from the moral maxims of all civilized nations, compiled and admirably arranged by practical men of acknowledged ability and wisdom.
2. Because the Code is explicit, liberal, broad, humane, and founded on truth, justice, and reason, and is free from magisterial assumption or oppressive exaction.
3. Because the Code contains full particulars, without superfluous details, for the guidance of all physicians, for the instruction of beginners, and for the information of the people.

Signed, HENRY D. DIDAMA.

SOCIETY PROCEEDINGS.

SACRAMENTO SOCIETY FOR MEDICAL IMPROVEMENT.

Regular Meeting, May 16, 1893.

The President, F. L. ATKINSON, M. D., in the Chair.

DR. C. E. FOWLER read a paper on "Rheumatism, its Cause and Treatment."

DR. W. F. WIARD said that, after all the various causes have been discussed, we settle down to the fact that we really know nothing of the cause. We know that it is an inflammation and that, in spite of the treatment, in some cases it will run into a chronic form. The exact cause has not been determined. He had most success, in the treatment of the disease, with salicylic acid in capsule form, varying with salicylate of sodium.

DR. F. B. SUTLIFF said twenty years ago he had suffered from an attack of rheumatism. At that time the treatment was free bleeding and catharsis. He escaped the bleeding, but was purged freely with sulphate of magnesia and colchicum, and with good effect. Opium was also freely given to relieve pain. He employed salicylic acid dissolved in bicarbonate of sodium. Salicylate of sodium had also proved very satisfactory. The bowels should be kept open and opium given to relieve pain. Very little can be done in cases of chronic rheumatism.

DR. H. L. NICHOLS said this was a troublesome disease to treat and the remedies were numerous. The alkaline method was a good one. Morphine should be administered for the relief of pain and for this purpose the coal tar products were also good. Swollen joints should be painted with tincture of iodine. Dr. Warren, of Boston, had said, when asked the best method in this disease, "six weeks and patience."

DR. G. A. WHITE said the treatment of rheumatism is accompanied with happy effects and great disappointments. Salicylate of sodium, in twenty grain doses, every two or three hours, had cured in three days. This had happened several times in his hands, but relapses had occurred. He employed it in hospital practice, in conjunction with anodynes. Gonorrheal rheumatism was a different matter. It was a specific disease, caused by a specific poison, and was essentially a septicemia requiring the same plan of treatment, *i. e.*, large doses of iron and, later, tonics.

DR. W. A. BRIGGS: The theory is an interesting and ingenious one, but it still seems to me that it hardly fully explains the cause of rheumatism. The nervous theory is not fully explanatory; it is simply a proximal cause and not the prime, or original, cause. Suboxidation, if it is the immediate cause, must be due to some process which causes suboxidation of the blood and tissues, when food is taken in excess. If this were so, why not have rheumatism from an insufficiency of oxygen instead of an excess of hydrocarbons? Why would a child not be a chronic rheumatic who has blue disease where the insufficiency of oxygen goes beyond and far exceeds the excess of hydrocarbons? If the germ theory be correct, we have reached a solution of the etiology of rheumatism. It is the only theory to explain the disease, for in the blood of rheumatic patients are found bacteria and microörganisms of various character, as seen under the microscope. Jacoud substantiates the germ theory and the infectious character of rheumatism and reports the case of twin children, born to a mother suffering from articular rheumatism, who, in a few days, developed articular rheumatism, which ran its course. It is also substantiated by analogy, there being several diseases where the joint symptoms simulate rheumatism, as in scarlatina, gonorrhea, septicemia and pyemia. In all these diseases we have a septic infection. In the treatment the salicylates, salicine and miricine are the chief remedies, but are simply analgesic and have no influence on the duration of the disease. When they are withdrawn the pain manifests itself, and the patient is said to have a relapse. They are valuable agents, but they are not curative. Certain cases are relieved by an alkaline treatment, or salicylic acid, and are cured in from ten days to two weeks. Others resist every form of treatment and pursue a very well defined course. In one case, where the fever continued for seven weeks, 15 grains of salicine were given every three hours for three days, then 10 grains of phenacetine for 48 hours, then tr. iron, with no relief. Patent medicine was suggested by the family, but, under liberal doses of bicarbonate of soda, in three days the patient began to improve, which was due to the fact that the disease was approaching its natural limit. Galvanism is a valuable remedy in the after treatment; particularly in the joints, where the after effects of the disease are left.

DR. F. R. WAGGONER said: We are pathologically ignorant of the origin of rheumatism. He could hardly accept the theory proposed. At one time he had had rheumatism in the knees. He applied tr. cantharidis, which blistered severely, and when the blisters were well the rheumatism was gone. He had used hot fomentations and blisters in his practice ever since. Constitutional treatment consisted in the administration of drachm doses of salicylate of sodium or salicylic acid, three times a day. He had to use brandy in one case, on account of the depression. Under this treatment he had had recoveries in a week. He used antikamnia as an anodyne. The treatment was empirical. The germ theory, in his opinion, was not tenable, as the disease could not occur so rapidly in that case.

DR. L. A. ELSTER said atropine had been recommended by Bartholow, and had produced good results in some cases, in combination with salicylic acid and salicylate of sodium. In the after treatment tonics were needed. The electrical treatment of sequelæ promised well.

DR. THOMAS ROSS said: The author had been particularly fortunate in selecting a common disease as the subject of his paper, for it admitted of a full and instructive discussion. The acute affection was a self limited disease, but the chronic form was unlimited. Regarding treatment, he enveloped the patient in flannel, the joints being wrapped in cotton batting. An alkaline solution containing laudanum was applied, and opium given internally to relieve pain. Patients should be well supported during the attack. Dr. Howard had demonstrated that the salicylates had no effect in lessening the duration of the disease, but simply relieved pain. The term "gonorrheal rheumatism" was a misnomer; there was no rheumatism about it, it was a pyemia.

DR. FOWLER, in replying, said: A large amount of lactic acid was found in the blood of a patient suffering from rheumatism. This was the basis of the suboxidation theory.

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

Regular Meeting, June 13, 1893.

The President, H. H. HART, M. D., in the Chair.

New Members.—The following were duly elected members of the Society: W. F. ARNOLD, M. D.; W. I. TERRY, M. D.; F. T. BOND, M. D.; C. G. LEVISON, M. D.; E. W. THOMAS, M. D.; HOWARD SMITH, M. D.; EMMA S. CROOK, M. D.; S. J. FRASER, M. D.; N. ROSENCRANTZ, M. D.

Multiple Lipoma.—DR. J. ROSENSTIRN presented a well marked case of multiple lipoma in a negro, aged 46. The two largest tumors were on the upper and inner regions of the thigh. The patient had been a hard drinker for many years.

DR. C. M. RICHTER read a paper on "The Climatic Treatment of Phthisis Pulmonalis."

DR. B. NORRIS said: Moist air contributed to the development of the bacillus tuberculosis. He had found a very large number of cases at Vancouver, and perhaps more at Sitka. The investigations of naval surgeons showed that the children of half-breeds are often fed on bread previously masticated by their mothers, which undoubtedly was a means of infection. Climate had often disappointed us in the treatment of phthisis. Los Angeles, and Southern California in general, seemed to be of less benefit than formerly. The air perhaps becomes so infected with bacilli that benefits that were at first received are lost. He believed that riding and walking, in fact any outdoor exercise, was of some advantage, because it expands the chest. Deep inhalations were of benefit, because they forced the air into the place of the residual air.

DR. JOHN WAGNER said Dr. Richter had failed to state whether different stages of the disease required different climates. As no climate was of much benefit in the advanced stages, it was well to discuss the advantages of climate in the early stage of the disease. He thought the best climate was one in which the patient could live out of doors, especially at night. It was desirable to be away from any settlement or civilization.

DR. W. F. MCNUTT said this was an important subject, because phthisis kills many people, and there are no specifics in medical treatment. The scientific knowledge of climatic treatment is small. Most of our knowledge in this line comes from clinical experience. An altitude of 5,000 to 8,000 feet was generally regarded as the most favorable to consumptives. Dr. Denison, of Denver, says it is not altitude so much as dryness and coolness; these are the most important factors. The climate of Minnesota, 30° below zero and at an altitude of 1,200 feet, has proved useful in many New England cases. In the same manner patients from the British Isles have been greatly relieved in the Alps at elevations of 6,500, even in the dead of winter. Cardiac (valvular) lesions and emphysema are complications that preclude residence at high altitudes. The purity of the sea air has been of signal benefit in some cases. Sun-light strengthens the general system, and thus indirectly aids any lung disease. Some towns in California, with altitudes of 2,500, had proved almost curative. A dry climate decreases the exudation into the air cells.

DR. W. WATT KERR said: Dryness without wind or dust are prime essentials. The absence of wind insured less dust, whether irritant, mechanical, septic, or infective. In such climates you have less drafts, and therefore less tendency to colds. There is also less evaporation, and therefore less coolness and chilliness as a result. Elevation allows greater diffusion of gases; this is desirable in incipient phthisis; but in the later stages we should have lower elevations. Sea voyages in southern seas were good not only on account of the pure air, but also for the general tone and strength imparted to the whole system.

DR. S. S HERRICK said the feature of most importance was an air free from the bacilli of tuberculosis. Go where other cases had not occurred. The climate of the Esquimaux was not bad. Damp climates were bad, particularly as they housed the patient up with bacilli. They also prevented the enjoyment of fresh air and sunshine.

DR. RICHTER, in replying, laid stress on the influence of sunshine in retarding the development of the tubercle bacilli. Wherever there was sunshine, fresh air and good nourishment, there was good prospect of curing phthisis.

CALIFORNIA ACADEMY OF MEDICINE.

Regular Meeting, April 15, 1893.

The President, LUKE ROBINSON, M D., in the Chair.

Coexistent Carcinoma and Fibroma of the Uterus—Coexistent Cystoma and Fibroma.—DR. H. KREUTZMAN said: I have some specimens here that I would like to present to the Academy: This uterus which I extirpated about a year ago, is the seat of a carcinoma and a fibroma at the same time. On first examining the patient an excoriation on the anterior lip was discovered. I removed a piece of this and it was examined microscopically by Dr. D. W. Montgomery, but the result was negative; the specimen showed no malignancy. However, the condition was so well marked clinically, that I decided to extirpate. After removal the examination showed seemingly two nests of infiltration, one on the anterior lip, just mentioned, and one higher up at or near the internal os. Had I removed the lower one the upper one would have gone on to further development and eventually extirpation would have been necessary. I have here another specimen of a womb, not a very good sized one, but rather a *corpus delicti*. The history of the case is rather remarkable: Three years ago the woman came to the hospital suffering from pyosalpynx. I removed the tubes and the case recovered, notwithstanding during the operation one of the tubes burst and flooded the abdominal cavity with pus; this was cleaned out and no bad result followed. In three months after leaving the hospital the patient returned with a fistulous opening near the site of the abdominal wound. This fistulous tract was hard to cure, so I operated to remove it. During the operation the abdominal cavity was unavoidably opened, but the patient recovered and left the hospital. One year after this the patient again came to me; there was an infiltration on the left side low down; this was punctured and emptied. There was great pain due to adhesions, so I opened the abdomen for the third time. In a short time the infiltration returned, so I determined to remove the womb, and did so. In my opinion it would have been better to have removed it along with the appendages in the first place. This other specimen is a fibroid of the uterus sub-peritoneal, and intra-ligamentous of the left side. I operated, intending only to remove the fibroma. In cutting away the tumor the cavity of the womb was opened up, in such a way that it could not be closed, so the organ was entirely removed. Here is another very large specimen of fibroid of the uterus and a multilocular cystoma of both sides. It was removed by operation and in three days violent antiperistaltic movement set up and the patient died. On *post-mortem* examination no peritonitis was found, nor any anatomical obstacle, that would account for the non-passage of gas and feces. The colon and stomach were found greatly distended with gas. As the bowels were not handled in any way during the operation, it seemed difficult to account for the antiperistalsis. It is also not common to have cystoma and myoma in the same patient.

DR. W. S. THORNE asked the opinion of the speaker as to the cause of vomiting of grumous or coffee-ground matter and reverse peristaltic movements after abdominal operations, with distension of the stomach and colon, and no inflammation, as had just been described? He recalled a case where, on the third day, there was vomiting of a grumous material. It is a peculiar thing and is due, no doubt, to reflex disturbances.

DR. D. D. CROWLEY: I do not think that the vomiting of grumous matter necessarily follows abdominal operations only. It is liable to follow any severe operation. I recollect a case where I removed extensive broken down submaxillary glands from a child. The patient recovered from the anesthetic, etc., but there was a great shock, and in twelve hours the child died. Meantime the coffee-ground vomiting took place. I think it is caused by an increased circulation in the viscera and a diminution in the surface circulation.

DR. DUDLEY TAIT: Differed with Dr. Kreutzman as to the cause of vomiting. Where the autopsy is conducted carefully, we will almost surely find some peritonitis. He knew of one case especially, where the gentleman who performed the autopsy failed to find anything, but when the intestines were taken out carefully, there was found to be some few foci from which pure cultures were made and streptococci discovered.

THE PRESIDENT: In the case mentioned by Dr. Thorne, the element of shock was wanting. Before the operation the patient had a temperature of 100° F. at night for some time, so the operation was postponed. After the operation the temperature came down to normal. Very little food was given for the few days preceding, and following the operation nothing but a little hot water. On the evening of the third day the house surgeon telephoned me that she was dying. I found the pulse 150, and this coffee-ground material being vomited with no effort, but seemingly a regurgitation. Next morning the temperature was 101°, and 103.5° in the evening, with the pulse too rapid to count. I found that she was menstruating freely, though both ovaries and tubes had been removed. The vomiting ceased by hot water and whisky internally and nutrient and stimulant enemata. There was no chill, no tympanitis or tenderness over the abdomen, or evidence of antiperistalsis. The temperature now is 99.5° F. He attributed the vomiting in this case to the menstrual period, as the operation was performed a few days before an expected menstruation. The speaker asked Dr. Kreutzman what success he had had with supra-vaginal amputation in cancer of the cervix.

DR. D. W. MONTGOMERY: I examined one of those uteri; there was no cancer at the point where Dr. Kreutzman supposed it existed. It was found at the internal os, not a usual place for cancer to begin. The microscope showed columns of epithelium dipping well down. The erosion on the cervix might have been cancerous and yet not be discovered, as only a piece was removed, and the cancerous growth might have been missed, for a cancer can exist quite a while, superficially, especially on the skin, before the epithelium dips deeply down. In England lately a case of an intractable ulcer of the tongue occurred; syphilis had been excluded by treatment and otherwise. Clinically the case pointed to cancer, so it was removed, but none was found. He thought there could be no question of the advisability of removing the entire organ where it was the seat of cancer, and where it can be completely removed. The uterus is fortunate in this respect. Williams says there are just as good results from high amputation as from extirpation. Cancer of all organs differs very much. In one case we may have a small cancer and take it out *in situ*, without return. Yet we expect it to do so. Another one, as near like it as possible, is removed and then recurs. There was no better illustration of this than melano-sarcoma of the choroid. Dr. Voorhies and Dr. Barkan speak of cases occurring in their practice where there has been no return of the trouble as yet. Why? Because they had been operated upon early, and the whole organ removed, so when these conditions exist the prognosis is very favorable as to its not returning for some length of time.

THE PRESIDENT: The mortality of the different operations for uterine cancer varies. While in Berlin, I remember Williams' operation compared very favorably with that of extirpation, and if the disease did return, it did so laterally and in the bladder and not in the fundus. The results were very good in the operations witnessed by me.

DR. MONTGOMERY: Dr. Wythe, of Oakland, performed almost a similar operation about three years ago, and as yet there has been no return. We can hardly take a series of cases with such a history, however.

DR. KREUTZMAN, in replying, said: I do not know the exact cause of the grumous vomiting, to which I have referred, having never seen a case exactly like the one reported. I have seen cases where, from obstacles in the bowels or pressure without, vomiting occurred, but in this case there was apparently nothing of that nature present. I have not had much experience with supra-vaginal amputation; it is something like Schroeder's high amputation. He begins in about the same way as we extirpate, and ligates the uterine artery high up. In my opinion the best plan in every instance is to take out the whole organ at once, as we do in cancer of the breast.

DR. E. CALDERON read a paper on "The Therapeutics of Cholera" (*vide* MEDICAL TIMES, Vol. VII, No. 6), in which he advocated the use of methylene blue in this disease.

DR. DUDLEY TAIT: Nearly all will agree as to the mortality of cholera. Our treatment during the last 50 years has not helped to diminish it much. The diminished mortality being due to the lightness of the attacks. Regarding the treatment by methylene blue, I think it a good suggestion. We know how efficacious it is in the treatment of malaria. I tried it in a case of pyuria, intending to note the action of the methyline blue on the pus. The pus was not colored at all, although we were very sure that it came from the kidneys; if it did the pus would have been colored. In the years 1885 and 1886 I saw the salt water injections used, and what an amount of good they did. He inquired whether the author had had any experience with copper salts in this disease.

DR. D. W. MONTGOMERY: I would like to ask whether the doctor who opened the jejunum and washed out the intestinal tract, included the undertaker's bill with his own? I hear also that cholera will not climb a hill, so in that case the Nob Hillers will be exempt. As regards flushing the intestines with tannin and water, the tannin acted only over a limited portion of the bowel. He questioned whether its effect passed beyond the colon.

DR. G. GROSS: The general results clinically show that calomel is the best drug to give, and from what he had read of the treatment in the epidemic of last year, calomel ranks high. He inquired whether Dr. Calderon had spoken of sulphuric acid lemonade.

DR. D. D. CROWLEY: I have heard none of the gentlemen present speak of the use of whisky digitalis and ammonia during the stage of depression in cholera. Their use would seem to me to be rational and according to the dictates of common sense.

DR. CALDERON, in replying, said: The injections of tannin were only to help in the elimination and washing out of the products, the advantage being that it does not provoke poisoning. He had no experience personally with copper salts, but was aware that the sulphate had been used hypodermically with success. He had not mentioned stimulants, as their use came under the head of general principles in the treatment of any disease. He had alluded to the use of acids, particularly sulphuric.

Dr. E. Calderon read a paper entitled "Chloroform or Ether."

Dr. Sherman: I do not think the paper changes the well recognized posi sion of ether as an anesthetic. I find nothing to discuss.

Dr. H. Kreutzman said Gerster, of New York, laid down the rule that chloroform was the more powerful and that ether was not without danger, and that the operator should choose the one which would be best suited to the individual case. He had learned to appreciate this advice both personally and otherwise. No doubt ether is less dangerous than chloroform, but in all cases we should carefully examine the kidneys, heart, and lungs before administering any anesthetic.

Dr. M. Hildebrand: I have had experience with both. Every one will admit that chloroform is the more convenient, and if carefully given is safe. On the other hand we know that some remarkably small doses kill and we cannot explain why. I once saw two cases where there was collapse from chloroform, no pulse or respiration being apparent; hypodermoclyis was used, and in three minutes the patients were on the road to recovery. At the International Medical Congress three years ago, Dr. Wood said that ether had the preference, but it took a longer time to produce narcosis. In England they both were used, and in Germany a mixture of half-and-half and other proportions were employed. He did not think there has been enough said in regard to these points; some one should remove the sword of Damocles that was forever hanging over the heads of those whose lot in life it is to use anesthetics.

Dr. W. S. Thorne: I think that many deaths are due to the unskillful administration of the anesthetics. I have seen chloroform given with a cone into which half an ounce at a time was dumped; now this is all wrong, and the patient might have been fatally narcotized. I have seen chloroform given drop by drop by Dr. Calderon, and I must say that I am a convert to the administration of it in this manner. Some time ago a medical friend of mine had a pauper patient, a boy who had necrosis of the tibia; the doctor gave the chloroform himself, and within the space of thirty seconds the boy was dead. In the *post-mortem* examination no appreciable lesions were found. The medical gentleman was sued, but on the examination it was found that there had only been one dram of chloroform used, it having been taken from a full bottle, and the doctor was held blameless. Ether is dangerous where there is any pulmonary trouble; a bronchial effusion of mucus or serum is apparently poured out into the bronchioles, coarse rales, and a more or less churning noise is heard. I have noticed this especially in mitral lesions. In one case where ether had been given for an operation to remove a pleuritic effusion, rales were heard, and the administration of ether was stopped at once, the patient was raised and a quart or more of serum was immediately ejected. The patient nearly died, but finally recovered. In the majority of cases chloroform, when given by the drop by drop method now in vogue, is safe.

Dr. D. Tait: I have had but little experience with ether, as I generally administer chloroform by the drop by drop method. I believe the selection of an anesthetic is more or less of a habit; the practitioner gets into using one more frequently than the other. I also wish to condemn Dr. Calderon for administering chloroform and operating at the same time; it is a dangerous practice.

Dr. G. Gross: The drop by drop method has become quite popular. This inhaler [instrument exhibited] I have used for some time. It is of metal, light and easily operated. I have lately read that vomiting from anesthetics can be checked by a cold compress at the nape of the neck and pressure on the phrenic nerve.

Dr. D. D. Crowley: Thirteen years ago I lost a patient by chloroform, but it has not interfered with my using chloroform since. During the past ten years I have administered it till the reflex sensibility is abolished, then I continue the chloroform or use ether as I see fit, to prolong the narcosis. Ether stimulates in the second and third stages. If there is congestion of the lungs, the administration should be stopped at once. Some surgeons say "stop your anesthetic when the patient vomits;" I say "keep it up and stop the vomiting; get the patient well under."

DR. H. E. SANDERSON: I once saw in New York, while under Gerster, an operation for the removal of a tuberculous testicle from a man seemingly in the most perfect health. Ether was used, the patient came out from under it all right, but in two hours died. *Post-mortem* examination showed a beginning pneumonia of one lung.

DR. I. RIVAS: A greater number of fatal cases are reported from the use of chloroform, simply because it is used more often than any other anesthetic. Very much depends upon the administration, and to my mind chloroform and ether mixed is a compromise. I myself use chloroform, but for a long operation I feel safer in administering ether. I believe in making a rule that one should never administer chloroform alone, but always have a colleague at hand both to assist and to protect should anything happen.

DR. K. PISCHL: Since the advent of cocaine, general anesthesia is now seldom used in ophthalmic surgery unless in children and nervous people. Where we open the eyeball, as in removal of cataract and iridectomy, it quiets the patient more effectually, but there is a liability to vomiting.

DR. W. A. MARTIN: When I was in Moorfield's, London, nitrous oxide and ether were used, the gas first till the patient was past the vomiting stage, and then anesthesia continued with ether.

THE PRESIDENT: Chloroform has the advantage of ether in not being so liable to produce vomiting after abdominal surgery. I have seen several fatal cases of vomiting after administration of ether. In reply to an inquiry the speaker said in disease of the heart he preferred ether, but in kidney trouble, chloroform.

DR. CALDERON, in replying, said: In Central America, where he practised, there were no doctors within a radius of 30 or 40 miles, and he was therefore compelled to administer the ether as well as operate. In mixing chloroform and ether, as had been mentioned, the ether evaporates more quickly and you are practically giving chloroform. He believed chloroform to be as safe as ether.

Regular Meeting, May 20, 1893.

The President, L. ROBINSON, M. D., in the Chair.

Multiple Aneurism of the Aorta.—DR. W. WATT KERR exhibited a specimen of the thoracic aorta, the seat of three aneurisms, the other portions being somewhat dilated also. The speaker said: The subject, a male, laborer, over 50 years of age, came under my care suffering, apparently, from an attack of bronchitis. He was treated for ten days, and got well. After getting up he complained of headaches. In seven or ten days there was a sudden attack of spasmodic coughing, and when I saw him he had been coughing for three hours, and was cyanosed. A hypodermic of ¼-grain morphine was given, which relieved him, but it had to be again repeated in three hours. The character of the cough suggested an examination for aneurism, which was made with but negative results, there being no dulness or bruit, the pulse at both wrists was almost imperceptible. I ordered hypodermic injections of morphine sulphate, gr. ¼; strychnine, gr. $\frac{1}{50}$; nitro-glycerine, m. $\frac{1}{100}$, for three days, and the patient improved. The right pulse became more perceptible, the left disappearing entirely. This further convinced me that pressure from a tumor or aneurism was causing the cough and disturbed pulse. After one week the patient died. The autopsy showed that the absence of dulness was due to the fact that the upper part of the lung was emphysematous; and that the absence of the bruit was probably on account of the extremely weak circulation, there being no current to cause a bruit. This case I consider interesting from several points of view. It is unusual to find three distinct aneurisms on the aorta. It also shows that an aggravated aneurism may exist and no physical signs be found. Regarding operations on aneurisms of the arch, I think the best prognosis can be given when the aneurism is near the heart—the nearer the better. The first time I operated here was upon an aneurism of the descending portion of the arch. Everything went well until the fourteenth day, when great pain was felt over the transverse portion, which began to enlarge and a new aneurismal dilatation occurred. If we increase the obstruction, and the vessel is unhealthy, say from some previously existing trouble as syphilis. it will give way in some other place. This patient gave a syphilitic history. The only successful case I had was where I operated upon the first part of the arch; that bears out my prognosis, the nearer the heart the better.

DR. — ROTTANZI read a paper on "The Therapeutics of Diphtheria" (to be published).

DR. A. E. REGENSBURGER: During late years I have had but little to do with this disease, though formerly I treated many cases. Some physicians claim to have good results from one remedy, while others try it and fail. This, I believe, is due to the character of the epidemic. Some epidemics are more lethal in character than others; this also explains the different rates of mortality during different epidemics. As for medication I used iron internally, externally, and eternally.

DR. G. GROSS: I believe as Dr. Regensburger says, much depends on the epidemic. I remember ten years ago there was an immense mortality; what the cause was we did not know. It is not so much the drug we use as the way we use it. I find that the tendency among physicians is not to apply the medicine frequently enough; some do not insist on applying at night. As for drugs, I generally use a combination of tincture of iron and glycerine as a local application, by means of a soft brush. This has a certain anesthetic action, especially if tannin be used. Internally chlorate of potash and tincture of iron is given, 20 drops of the mixture every two hours. There is quite a difference in tincture of iron; the U. S. P. is 1 to 4, I believe. In Europe, long ago, the liquor ferri perchloridi was used, but acted as an escharotic. In treatment by the spray, we find that acids oppose the growth of the bacilli better than other remedies, though the same effect is observed with lime water. I think it is of paramount importance to attend to the elimination, especially by the intestines. I do not think it good practice to postpone the use of alcohol until the pyrexia is high. Use alcohol from the first up to the degree of intoxication. Children can stand a great deal of alcohol.

DR. I. RIVAS: I find that every practitioner has a particular remedy upon which he lays great stress. All agree that we must sustain the strength. I give stimulants freely and also the tincture of iron. In the way of local application I lean much to sulphur compounds. I use sulpho-calcine with an equal part of water and give $\frac{1}{10}$ grain sulphide of calcium every hour. This line of treatment has been very successful in my hands, but I saw three cases treated in exactly the same manner with complete failure, so I have lost confidence in it to some extent. Local applications should be made frequently, every hour at least. Peroxide of hydrogen is the best and cleanest. Gargles in children do not act well, so I favor atomization. I have noticed in certain cases of diphtheria a peculiar waxy appearance on the face and have learned to know that when this is seen one might as well say the child is dead, for it invariably dies. Cases where there is profuse hemorrhage from the nose are also extremely fatal. The speaker inquired if any one present could mention an early symptom so that a differential diagnosis can be made between a commencing diphtheria or a pharyngitis, that is, before the patches appear. Many cases of so-called diphtheria are simply membranous pharyngitis or tonsilitis.

DR. W. S. THORNE: In treating diphtheria we never want to lose sight of the fact that it is not a local disease, but a constitutional disease, with a local manifestation. Many of the worst cases I have seen have been where the local trouble was *nil*, but patients were toxemic from the start. Some years ago I was called by a farmer into the country to see two children whom he said had been poisoned. On arriving there I found the children, aged respectively about five and seven years, apparently suffering from the effects of a narcotic poison. They had high fever and rapid pulse. I examined their throats and found them reddened, but no membrane present. On inquiry I found no poisons were about the house, but that a child across the river had died from diphtheria and that these two children had played near the house and with some rags used on the bed where the child died. Within twenty-four hours after I first saw them, the children were dead. There was no exudation in the throat or air passages. I believe that the local application of remedies is secondary to the constitutional treatment. I have made *post-mortem* examinations in such cases and found no membrane in the throat, but in the bronchi of the third and fourth divisions I have found a peculiar chamois-like exudation or membrane. In England, especially in London, Sir Andrew Clarke considered tincture of iron almost a specific in one-half to two drachm doses. Tincture of iron should not be given with milk; give it one hour before or after milk. I have noticed that peculiar waxy appearance spoken of by Dr. Rivas. In twenty-five years' practice I think iron has proved the best agent in my hands, but during the past few years I have given $\frac{1}{40}$ of a grain of bichloride of mercury every three or four hours.

DR. W. WATT KERR: I agree with Dr. Thorne that the constitutional treatment is the most important, in most cases at least. It is quite true, however, that the local lesion may assume gigantic proportions, as, for instance, swelling, with occlusion of the throat. I am not inclined to accept the theory that the disease begins in the throat and that the constitution is affected from this. We see many fatal cases where there may exist only a small patch on the tonsil: Does it seem probable that this local trouble affects the system so severely? I believe it is a specific disease existing in the blood, and while we treat the patches locally we should not forget the systemic treatment. I believe in the chloride of iron, in doses of 20 to 40 minims in adults Iron is not a specific, as it acts the same way in erysipelas; it simply counteracts the poison in the blood. Freely given, it increases the number of corpuscles, keeps the vessels full and prevents the destructive process on the blood. It should be given early, and in full doses, that there may be a sufficiency in the circulation all the time. The question of giving germicides internally does not amount to much, as we cannot give them in effective quantities without killing the patient. We can disinfect the bowels, however. I do not think it is best to ignore the local treatment. A 5 per cent. solution of papoid, applied once or twice, will cause the membrane to separate, especially when sprayed with hydrogen peroxide. Unless you have a good nurse make the application yourself. If there is serious bleeding do not remove the membrane by force. It has been maintained that the exudation appears first on the fauces. I have seen it occur first on the tonsil. I believe where there is a distinct membrane it is best to give it the benefit of the doubt, as in most cases it is diphtheritic.

DR. W. B. LEWITT: At the last meeting of the State Medical Society, Dr. J. Henry Barbat read a very interesting paper on diphtheria and its bacillus. Park, of New York, says there are two kinds of diphtheria, one where bacilli are present and 45 per cent. of the patients die, another where bacilli are not present and 5 or 6 per cent. die. In nasal diphtheria, whether or not the bacilli were present, the mortality was high. The treatment was alcohol internally and sprays of bichloride of mercury, 1 to 4000, in both varieties. We frequently meet a series of cases that get well rapidly and then a series that die.

DR. H. M. SHERMAN: I never use the chloride of iron locally, but always Monsel's solution, one part to three parts of glycerine, with tincture of iron internally, and always make it a point to get the old tincture of iron. Winters, of New York, gave to a child five years old two drachms every hour, day and night, and I have given a three year child one drachm every hour for two days. This amount does not constipate. I cannot think of a general disease without a local lesion. Park studied cases in public and private practice microscopically: in 92 out of 200 cases he found the Klebs-Loeffler bacillus. In reply to an inquiry, the speaker said to find the bacilli it was necessary to obtain a culture from the suspected throat, by rubbing over it with a swab and inoculating a culture tube. In 12 to 14 hours this will show the bacilli. Winters uses a 1:4000 bichloride solution of mercury by irrigation, and says that in 48 hours after, the bacilli disappear from the wound. The last number of the John Hopkins *Bulletin* was almost entirely devoted to diphtheria.

DR. D. W. MONTGOMERY: I have not investigated this subject from a bacillary standpoint. Last Christmas I took charge of a case, in which there were no throat lesions, but only enlarged glands, and the case died of heart failure. The bacillus lives only on the surface and the ptomaines cause the glandular disturbances. It looks as if the virus itself entered the glands. Granting that chancroid is syphilis and that chancre is syphilis, we have a parallel to the Park theory. In 1886 there was an epidemic of ulcerated sore throat in Redwood City, that finally turned into diphtheria. It is not good to make a diagnosis of diphtheria on finding or on not finding the bacillus microscopically.

DR. KERR: In erysipelas we generally get the constitution symptoms before we get the blush, so we believe that it is a constitutional trouble. We frequently find scarlet fever with very little rash. I do not mean to say that in no case is it impossible for diphtheria to originate in the throat, for we often hear nurses complain of an aching in the throat while attending a diphtheria case. This shows that the disease has a particular tendency to attack the throat. I have noted the waxy appearance spoken of by Dr. Rivas, and find it is always associated with a depression of the pulse. I consider it as the commencement of cardiac paralysis.

Dr. Rottanzi: The throat seems to be the special seat of the disease, but if not, this is no criticism to say the disease is constitutional, for we find where we use only local remedies, that we can cure it in some cases.

Dr. M. Hildebrand: I am of the same opinion as Dr. Rottanzi. In diphtheria I think we have two stages: (1) The stage of infection. (2) A stage of symptoms. We could classify this disease almost like cholera as regards the finding of its bacillus and its general virulence.

Dr. Sherman: As to diphtheria being a local disease, we can note the experiments of Welch. He inoculated the throat of a cat and it developed diphtheria. This would show that there was a local infection and the constitutional symptoms followed. I can comprehend this arrangement, but fail to see how we can consider diphtheria to be a general disease with the local trouble grafted on. I have never seen a case of erysipelas where the general symptoms appeared first.

Dr. Thorne: This question of diphtheria we all know is *sub judice*. I can appreciate a systemic disease with no appreciable lesion, as malaria, a systemic disease, preceded by constitutional phenomena, rigors, fever, etc., and finally by chills. In small-pox we have prodromata for 10 to 12 days, general malaise, pains, etc.; after a time we see the eruption, finally becoming pustular, and there we have the disease well established. I do not agree with Dr. Sherman regarding erysipelas; the local manifestations come after the constitutional, for we get the furred tongue, fever, and then comes the blush. It is not difficult to comprehend a general systemic disturbance without a local lesion. We know that there may be diphtheria without any local lesion, and in such a case the gravity of the disease is not to be compared with the gravity of the local lesions. Take the illustration by Dr. Montgomery, for instance; syphilis comes from chancre and we get the constitutional manifestations. Such wonderful results from local treatment in diphtheria are to me incomprehensible.

Dr. Rottanzi: I believe that when diphtheria is thoroughly treated locally, we destroy the nidus. As chancre causes infiltration of glands, so do we get the infiltration from the nidus of infection in the throat.

Dr. Kerr: In that case, the moment a patch has been cured, the patient should be well also. Suppose that the nidus was in the bronchi, would we let the child die because we cannot reach it with a swab? I certainly advocate the destruction of the exudation, as it may reinoculate. Regarding Dr. Sherman's statement, I can show him 6 or 8 cases where constitutional symptoms come on 6 to 12 hours before the blush.

SPECIAL CORRESPONDENCE.

MILWAUKEE.

The Meeting of the American Medical Association.—The American Medical Editors' Meeting.—Dr. Culbertson's Address.—Reform in Medical Spelling.—Mr. Ernest Hart on Medical Journalism.—The Association Meeting.—Annual Address.—A Department of Public Health.—Pan-American Medical Congress.—Invitations for the Meeting of '94.—The Address on Medicine.—Report of the Librarian.—The "Journal" of the Association.—Constitution, By-Laws, and Code of Ethics.—The New York State Medical Society.—The Nominating Committee.—Cholera a Waterborne Disease.—The Address on Surgery.—Election of Officers.—San Francisco the *place of Meeting for '94.—Recommendations of President's Address—The Address on State Medicine—The President-elect a California Pioneer.—The Entertainments.*

Milwaukee is a handsome city, with a climate more temperate than that of Chicago. Though this may be denied by interested persons, it was still a relief to step from the Chicago & Northwestern train into its cooler atmosphere, after that of the great commercial city to the south. A good road bed and fast service makes a pleasant run of two hours and a half between the two cities and the proximity of the great lake keeps the atmosphere cool. Though the hotels were full, ample accommodations could be secured through the committee of arrangements, whose work had been done in a thorough manner. The best evidence of this was the official programme, which contained an answer to the hundred and one queries the stranger is impelled to make. The Association headquarters had been established at the new and handsome Hotel Pfister. Directly opposite was the Goldsmith block, also a new structure, in which some of the Sections and the exhibition were held. A block further, the Academy of Music accommodated the General Sessions and the Sections on Medicine and Surgery. The Sections on Opthalmology and Laryngology and that on Dermatology met at the Plankington hotel, a few blocks away. Special features and special intelligence were promptly bulletined at headquarters, where the registration bureau and the Association post-office were also established.

On Monday afternoon the annual meeting of the American Medical Editors' Association was held in the club-room of the Pfister hotel, a large number of the fraternity being present. The proceedings opened with an address by the President, Dr. J. C. Culbertson, of the Association *Journal*. The paper was an able review of some of the evils and some of the necessities of medical journalism. He said the journals of the country represented the best and cheapest of university systems for the post-graduate instruction of the practitioner. The man who, after graduation, does not continue his studies, was stigmatized as a "musty back number," soon to lose his identity as an integral part of a progressive profession. In a combination which might be selected, the local journal was always first and should be a little closer to the affections of every doctor than any other. It should have his practical good will and hearty support, "for there is never a time when the local journalist is not doing more for his profession than it is doing for him." The speaker believed that too much space was devoted to book reviews by the journals, and that these being the product of manufacturing houses should largely patronize the advertising pages. So-called reading notices were scathingly condemned and their true value to reader and advertiser stated. Trade journals, with their injurious effect on the legitimate field of medical journalism, as well as on the profession, were truthfully discussed, as well as many other subjects of practical business to those engaged in the daily task of working hard in the interests of the profession—and largely for glory.

Dr. George M. Gould, of the *Medical News*, read an exceedingly interesting paper on reform in medical spelling. The paper, which appears in the *Medical News* for June 17, should be read in its entirety by all who are interested in this subject. Some of the reforms advocated, as the universal dropping of the diphthong, have long since been adopted by THE MEDICAL TIMES, and others will follow in due course. Dr. Gould is a man with a mission, and as, into his efforts, he throws a great deal of personal enthusiasm, the mission will probably be successful. The article is deserving of a more extended notice than is here possible. Dr. Crothers, of the *Journal of Inebriety*, read a paper on "The Interests of the Association," of which, as he has for sometime been its Secretary, he was competent to speak. The officers for the ensuing year are Dr. C. H. Hughes, of the *Alienist and Neurologist*, President, and Dr. George M. Gould, Secretary. At the annual banquet held that evening a most pleasing feature was the presence of Mr. Ernest Hart, the distinguished editor of the *British Medical Journal*. In response to a special request he delivered an address on "Medical Journalism," a calling with which he has been so long and ably identified. Much that he said was specially intended for his hearers and was therefore technical, but there was also much that would benefit any reader. Regarding literary style in medical journalism he said: "It has always seemed to me desirable to recommend the avoidance of 'style,' and to advise those who seek counsel on style consciously to avoid it, and to try chiefly to say what they have to say as clearly as possible, and to seek mainly the accurate expression of precisely the shade of meaning which it is intended to depict. It is a golden rule to think out clearly and precisely what there is to say, and to say it shortly and without ambiguity. People who are anxious about style are generally those who have nothing to say, and they are precisely those who take longest in saying it. It is generally difficult to say nothing without saying it at great length, and medical stylists are among the bores of the profession and the terrors of the medical journalist." There was no ambiguity regarding Mr. Hart's statements on what he was pleased to term "medical etiquette," but which is here best known as "the question of the code." His ideas on this subject will bear repetition, and there is a sterling earnestness about them that is positively refreshing. The address contained many excellent points, and concluded with a brief outline of the necessary qualifications of the medical editor.

On Tuesday, June 6th, the Association met in general session and was called to order by Dr. U. O. B. Wingate, the Chairman of the Committee of Arrangements. After prayer by the Rev. Henry T. Secrist, the Chairman introduced the Governor of Wisconsin, Geo. W. Peck. His excellency, who is best known as the author of "Peck's Bad Boy," spoke in a very happy and humorous vein. He expressed some surprise that Milwaukee should have been chosen as the place of meeting, as it was the healthiest city in the Union, where there were no epidemics and no disease. It was literally a city in which there was no need on earth for any man, woman, or child to be sick. Here there was no need of cemeteries except to bury people who came from other States with diseases that Wisconsin had not time to cure. In concluding, he said he wanted his hearers to feel that their own States were good enough to live in temporarily, but when they wanted to live to be 100 or 150 years old, they should come to Wisconsin and be as happy and as comfortable as its people. Mr. Somers, the Mayor of the city, followed the Governor in a neat and complimentary address to the profession and welcomed the visitors to Milwaukee. Dr. Wingate, in introducing President Hunter McGuire, of Virginia, on behalf of the Committee of Arrangements, presented him with a gavel, the body of which was brick, symbolic of the solidity of the city, and bearing out by its cream color the title by which the city was often known.

Dr. McGuire then delivered the annual address, an exceedingly able state paper. Having dwelt on the objects and progress of the Association, he alluded to the advantages to humanity presented by the united study of the problems of disease prevention. He believed in the most thorough organization of the profession, which was to be accomplished through the formation of State and local societies in affiliation therewith. On the subject of revision of the Constitution and Code of Ethics of the Association, he foreshadowed the impossibility of any controversy on this occasion, by stating that the reports would have to lie over for one year, during which time he hoped that every member would familiarize himself with the question, so as to vote intelligently. Under the circumstances it was not proper for him to discuss the report as published, but he was compelled to say that amongst the radical changes in the Constitution and By-Laws, many valuable features had been omitted that, in his opinion, it was very desirable to retain. He suggested that the question of revision of the Code should be referred to the various State Societies represented in the Association, which should consider the matter and report the result to the next meeting of the Association. In this way every reputable practitioner would have a vote. It would be well for the different State Societies to include, as far as possible, all their constituent district and local societies. This would fairly represent the opinion of the profession in the United States, and would be free from the domination of the States in the immediate locality of the place of meeting. He concluded by saying: "Let a majority of States decide this question, and let us agree to abide by this decision." The speaker dwelt at some length on the question of a national quarantine measure. The bill which has already been noticed in these columns (MEDICAL TIMES, vol. vii, p. 96), was discussed and its provisions pointed out. The bill was defective in the fact that its provisions on this side of the Atlantic were permissive and cooperative. The President said: "Reared in the school of strict construction of the rights of the States, I do not hesitate to declare that the time has at last arrived in this country, when all should unite in demanding of Congress the passage of a law, strong, concise, and yet comprehensive, that will enable the government to properly protect its citizens against disease, whenever, in the discretion of its officers, the emergency may have arisen." The address closed by urging the importance of good scientific work on the part of the Association.

The reports of the various officers and standing committees were then taken up. The report of the Treasurer, Dr. R. J. Dunglison, showed that there was a balance in the treasury of $5,844 78, the detailed report being reserved for future publication. The report of the permanent Secretary, Dr. W. B. Atkinson, was next read. He referred to the action of the Association in endorsing the course of the Association of American Medical Colleges in advancing higher medical education, and stated that he had met with hearty concurrence on the part of nearly every college with which he had communicated. At the last meeting of the Association a committee had been appointed to meet a similar committee from the State Medical Society of New York, should such be appointed. The Secretary reported that the committee from the Association had been appointed, but that the New York Society had replied that it "deemed it unwise at this time to appoint any committee of conference with the American Medical Association upon the subject of medical ethics." The Rush Monument Committee, through Dr. George H. Rohé, of Maryland, in the absence of its chairman, Dr. A. L. Gihon, reported progress, and asked for further time. The report of the special committee appointed to petition Congress to create a Department and Secretary of Public Health, was read by the Chairman, Dr. C. G. Comegys. A bill had been introduced in Congress, but had not emerged from committee. Committees of both houses had given the matter an attentive hearing, that of the lower house being most favorably disposed. In the meantime the threatened invasion of cholera and the granting of greatly increased powers to the Marine Hospital service had rendered the cause of the bill a hopeless one for the present. A copy of the proposed measure accompanied the report, and the whole question was discussed at length. The committee did not believe that such a bill would be in the interests of any particular school of medicine, as preventive medicine and its value were admitted by all persons. The difficulties and delays incidental to the introduction of measures in Congress were mentioned, and it was suggested that the preferable course would be to appeal to the President to recommend, in his annual message, that such a department should be created. The speaker thought that this offered a fair prospect of success, especially in view of the high estimate that the President evidently entertained of our profession. It was mentioned incidentally that the committee had received practically no support from the eastern States, the endorsement of its efforts coming mainly from the western and southern sections; while this is highly creditable to western and southern interest in measures for the public good, it will also be inferred that the middle and eastern States have a more intimate knowledge of the methods governing appointments at Washington, than those that are more remote. There can be no question that the creation of a Department of Public Health, with a Secretary as a Cabinet officer, would be of vast benefit to the country at large, if properly carried out. On the other hand, it must be conceded that there is, in the past, nothing whatever to encourage the belief that better results in political matters would be obtained. Political appointees and political doctors are usually far from representative men in the profession, and are often grossly deficient in the necessary qualifications for important trusts. This is not alone the case in medicine, but holds good in all appointments of a character demanding skilled scientific training. The political appointee knows that his tenure of office is slight, and that his record in office is no guarantee that he shall continue work, well begun. Good men will, therefore, hardly seek these appointments, and should they do so their chances would be very small as compared with those who come well endorsed by political clubs and organizations. The successful administration of such a measure, should it become a law, will, therefore, be seriously questioned by the majority of the profession, and to this may justly be ascribed the lack of interest of which the committee complains. The Association ordered the report printed in *The Journal*, and continued the committee, with power to add to its numbers, which it had requested.

Dr. C. A. L. Reed presented the report of the Committee on Permanent Organization of the Pan-American Medical Congress. The speaker stated that an organization had now been effected in all the countries of North and South America as well as in the West Indies and Hawaii. Congress had appropriated $15,000 for the entertainment of the visitors, and the President has consented to open the Congress in person and to extend the courtesy of a reception at the White House. A brief outline of the work of the Congress was then given and the thanks of the committee extended to those public spirited citizens who had registered in advance. The chairman made an appeal for a larger registration, in order that funds for current expenses would be provided. No registration fees would be accepted for members outside the United States and it was therefor urgently necessary that all interested in the movement should register at once.

At the general session on Wednesday the secretary announced the Committee on Nominations, which seems to have been more complete than that published in *The Journal.* It was also decided that after Thursday no executive business would be transacted by the Association, and that the selection of the place of meeting and the election of officers should take place on that day. Invitations for the next meeting, from Asbury Park, New Jersey, and Hot Springs, Arkansas, were read and referred to the Nominating Committee.

Dr. H. A. Hare, of Philadelphia, delivered the Address on General Medicine. He had selected for his subject "A Brief Review of some Practical Advances in Medicine and Therapeutics." The speaker said he regarded it as his duty to present, as far as he could, certain broad views of the present status of non-surgical work rather than the consideration of any one particular field. He had therefore selected the present condition of therapeutics and diagnosis, as to some extent fulfiling his idea of the task. He alluded to the new remedies which the manufacturing chemists were foisting upon physicians "with an ardor beyond description, and with a success, so far as numbers are concerned, which is appalling to many conservative members of the profession." In the rush after the new, it was certain that the old were often neglected when they deserved more attention than was accorded them. The speaker believed that there is no longer any excuse for dodging a diagnosis or treating a case on general principles. The prescription of to-day is to be written only after careful examination and study of a case, and its constituents must be directed towards the condition they are to modify. Fortunately the improvements in diagnosis and treatment had so far kept pace with each other. These gains had not been heralded to the profession and to the world at large, as many of the newer surgical procedures had been. These were sometimes so brilliant as to dazzle the eye and blind it to the subsequent shrinkage that takes place in their practical importance. For this reason the laity often chide the physician for failing to advance as rapidly as the surgeon, yet medical methods require, in many cases, a greater amount of attention to the minute points of differential diagnosis. The one carves the wood, the other grafts upon the living cells impulses that alter their activities. Dr. Hare said, a very important part of the advance that had been made was the recognition of the fact that many conditions heretofore regarded as distinct maladies, are in reality manifestations of functional disorder elsewhere. No more interesting example of this could be adduced than anemia. Empirically the good effects of arsenic and of iron had long been known, and it had even been recognized that some cases improved under iron in which arsenic failed and *vice versa.* More precise methods of diagnosis had explained this and had reduced the administration of these drugs to a positive procedure. In the anemia due to deficient manufacture of blood cells, alteratives were of service, while in the anemia depending upon a deficiency of the hemaglobin, iron gave good results. The speaker here alluded to the inutility of giving large doses of iron in excess of the needs of the economy, and of the quantity of that drug normally found in the system. The excess was thus waste matter, to be at once excreted or else laid away until the opportunity presented. He discussed the various theories and the experimental researches regarding the assimilation and the excretion of iron at some length and in a very plain and lucid manner. Diabetes was another of the diseases that had lost its dignity as a distinct malady and had degenerated into a symptom. It was now known that there were very many conditions in which this symptom occurred. The only delay in the matter at present was that the physiologist and the pathologist had so far failed to fully explain the process of sugar manufacture in the body, in health and in disease. The ability to apply observation with resulting accurate diagnosis and more accurate therapeutics was strikingly illustrated in the employment of the nitrites by Lauder Brunton. The importance of seeking the cause, producing any symptom was dwelt on and well explained by the familiar simile of the boy with his "second wind" and the rationale producing it. In cases of shock Dr. Hare thinks that strychnine hypodermically is often given in too small doses. Better results would be obtained from $\frac{1}{10}$ to $\frac{1}{5}$ of a grain than from the $\frac{1}{60}$ or $\frac{1}{30}$ of a grain generally employed. Profound collapse enabled the patient to stand doses that under ordinary circumstances would not be borne. The application of experimental research to therapeutics in epilepsy was shown, and the rational employment of quinine in ague on a germicidal basis was also mentioned. The introduction of the synthetical compounds and the prospective value of the treatment of infectious diseases by injections of immunized serum were alluded to, and the speaker closed an excellent paper with a graceful compliment to the American Medical Association. Dr. Hare is an exceedingly rapid reader, but at the same time his distinct enunciation enabled his hearers to follow, without effort, quite a lengthy paper.

The Librarian reported that the terms of the transfer of the books and property of the Association to the Newberry Library, was not satisfactory to that body. It had been arranged to transfer all books, pamphlets, etc., to the library, subject to the control of the Board of Trustees of the Association, as a trust. To this clause the library authorities had objected on the grounds that when the books had been catalogued and bound, there was nothing to prevent the Trustees from requesting their return. Nothing short of a permanent transfer being satisfactory, the Trustees were empowered to make the necessary arrangements. There is evidently a growing tendency towards centralization in Chicago, and one by one the officers and the belongings of the Association are gravitating in that direction.

The Board of Trustees made a brief report of the condition of the *Association Journal*. The publication of papers elsewhere, and prior to their appearance in the *Journal* was condemned, and the failure to accomplish any improvement in its equipment was ascribed to lack of funds. The total expenses of the *Journal* during the year had been $24,369 10, and the expenses $16,469 36, leaving the net cost to the Association $7,520 11. The balance in the hands of the Treasurer was, therefore, insufficient to warrant any material change. The report was of a most formal character, and no reference was made to a possible cause for the failure of the official organ of the Association to assume its rightful position as a leading medical journal. It was generally known that some of the Trustees were dissatisfied with the editorial management of the *Journal*. On the other hand, it was often stated that the editor was handicapped in his work by the Trustees, and that members of the Board, who were inimical to him, had not hesitated to make it rather unpleasant at times. It was quite apparent that a slight change in the personnel of the Board might result in further changes all along the line, and subsequent events have amply justified these surmises.

The great sensation of the meeting, in fact, the all-absorbing topic of discussion when members met in groups, was the "question of the Code," and when the Committee on Constitution and By-laws and Code of Ethics was ready to report, it had a large and attentive audience. Printed copies of the report had been placed in every seat, and as the chairman read, the audience followed with close attention. The report on Constitution, or rather the proposed Constitution, was quite lengthy, and was signed by four out of five of the committee, viz., Drs. Holton, Connor, Nelson, and Lee. Dr. H. D. Didama presented a minority report, differing mainly in the retention of the government of the Association in the hands of delegates, and in the selection of the nominating committee through the same agency. There was some discussion on the question of the adoption of the report at this meeting, and it was evidently the intention of a considerable faction to push it through at all hazards. This purpose had been in part expressed by the doubt that was felt as to whether it might not be adopted at once. Dr. N. S. Davis expounded the law, and President McGuire, in accordance with the opinion already expressed in his address, ruled that the report must lie over for one year. This result was received with hearty applause, that seemed to indicate that the voting power behind it would have been by no means insignificant. The report on revision of the Code of Ethics was a partial report only, the committee outlining the changes it deemed advisable, but avoiding the submission of a document in detail. This virtually terminated discussion, but it would have perhaps been more satisfactory if something more tangible had been before the Association. The partial report demands more extended consideration than can be here afforded it, as the sentiments of its sponsors are clearly outlined. This report was signed by the same names attached to the majority report on revision of the constitution and by-laws, Dr. H. D. Didama again differing from his colleagues. The minority report briefly and clearly stated the ideas of its author, why the Code should remain as it is, without any revision. These reports not being in shape for any formal action, were, under the same ruling as applied to the previous reports, after faint opposition, laid over for one year. A general feeling of relief was very apparent when the question had been disposed of for the time, but it is very evident that the battle over rejection or adoption in 1894 will be long and earnest. Both sides are numerically strong, and the leaders in the Association are well divided. The subject is one of the greatest importance not only to the well-being of the Association, but also to the general welfare of the profession. The question should be earnestly studied by all who will vote upon it, and the reports, which are published in another column, should be carefully read.

Dr. N. S. Davis, the chairman of the committee appointed to confer with a similar committee from the New York State Medical Society, reported that the committee, whose appointment had already been mentioned by the Secretary, had communicated with the New York Society, which unanimously declined to appoint any Committee of Conference. The text of the resolution was: "*Resolved*, that it would be unwise to appoint a Committee of Conference, as suggested by the American Medical Association, and it was hoped that the Association would take such steps as would remove the 'technical differences' which prevented the most cordial relations between the two bodies." Dr. Davis, in concluding, said: "When it is remembered that the movement resulting in the appointment of your committee at our last meeting, was in compliance with the request of the friends of the Medical Society of the State of New York; and when it is further remembered that the so-called 'technical differences' here alluded to consisted in nothing less than a deliberate abolition of the national Code of Ethics, which was equivalent to a voluntary withdrawal from further connection with this national organization, it must be apparent to all that it would be most unwise for this body to make any propositions relating to the Medical Society of the State of New York." The report was received and ordered filed, amidst great applause. All true friends of the Association will hope that the "technical differences" mentioned will continue to exist in the future as in the past, a check on the class of practitioners whose ethical obliquity and professional dishonesty will ultimately place them where they rightfully belong.

Some one inquired, when the Nominating Committee was about to adjourn, whether it was not proper to keep the results of its deliberations secret till a formal report had been made to the Association. It was stated that this was the proper course, but that, as a fact, the result had always leaked out in a very short time after the adjournment of the committee. This was very apparent on the evening of the second day and a great deal of surprise was expressed at some of the results. The committee organized with John G. Truax, of New York, as Chairman, and H. A. Hare, of Pennsylvania, as Secretary. The selection of the various officers was proceeded with, but in this matter the Pacific coast had less interest than in the place of meeting. For several years the State Society has tried to induce the Association to meet in San Francisco, but without success. It seemed that the Pacific coast was to be permanently ignored and, as one member said, "once in one hundred years" was often enough for the Association to visit that distant locality. A very large amount of selfishness was doubtless involved in this disinclination to accept a hearty invitation. For many years the Association has met in the so-called centre of population and in cities where the actual attendance at the meetings and the accession of new members has been preposterously small. To regular attendants it was, of course, more convenient to have the Association at home, or at least within a few hours' journey, but no conception of the rights of loyal members in the far west seemed to have permeated this rather restricted view of the purposes of the National Association. It was, therefore, under exceedingly adverse circumstances that an attempt must be made to get the Association out of the rut in which it had been travelling for so long. Hot Springs, Arkansas, and Asbury Park, New Jersey, had both presented formal invitations, backed by liberal hotel rates and promises of bountiful hospitality. Philadelphia also presented an invitation and, on behalf of California, an invitation was extended to meet in San Francisco in '94. Hot Springs had already made the attempt and, like California, had failed, and on returning to the charge the representative of that thermal city was well prepared with "conventional" ammunition. As the balloting proceeded, while Hot Springs led the way, it was soon apparent that many believed it would be injudicious to hold a meeting in that locality. Philadelphia, which had been honored, was not to receive recognition so soon again, and when the contest had narrowed down to the two western centres, San Francisco was chosen by a good majority, its support coming from all sections. When this result had "leaked out" later in the evening there was much surprise, not unmixed with consternation, at the new departure. It was very generally stated that the action of the committee would be reversed in the house, and an effort was made to bring another eastern city before the Association, as Philadelphia had been unsuccessful. On the other hand, California had many friends, and so warm an impression had been created at the meeting twenty-two years ago that all who attended on that occasion were anxious to go again. The arguments raised by the malcontents were often amusing, as displaying an ignorance of conditions existing on the Pacific slope, that was really appalling. At a former meeting, when Omaha had been proposed, some one suggested that in that wild locality cattle ran loose in the streets and that the country was so unsettled and lawless as to be unsafe. Apparently the same views were held regarding San Francisco; it was frequently asserted that no one would attend and that it would be impossible to conduct the business of the Sections. It was also generally stated that, as the next meeting of the Association was one involving matters of such moment, it was exceedingly unwise to trust it so far away from home, amongst those who were so ignorant of ethical matters as, in blind simplicity, to follow the Code of Ethics; and while adopting it in their societies to even adhere to it in practice. Such medieval ignorance could not be viewed other than with the gravest apprehension, and it was obvious that a great effort must be made to save the Association from impending disaster.

When the Association convened on Thursday morning, the first business was the address of Mr. Ernest Hart, on "Cholera," particularly with reference to its propagation by water. The Academy of Music was packed, many of the audience being laymen. Mr. Hart, whose pleasing delivery at once captured his hearers, was armed with a vast amount of material, from which he selected salient points and convincing illustrations, as he slowly unraveled the tangle of ignorance and misapprehension, to weave it into an unanswerable demonstration of his views of the true character of this dread disease. The address was interspersed with statements in which the speaker seemed to take the audience into his confidence and give them his private reasons for his belief. It is impossible to do even partial justice to the subject except at length. The address represented a condensed epitome of all that the distinguished speaker, himself the Chairman of the National Health Society of Great Britain, had been accumulating from every source during the past thirty years. It was necessarily replete with figures and facts, to break the continuity of which would be to spoil the overwhelming argument. Mr. Hart's premises were: "That cholera death is a violent death, an unnatural death, a preventable death; that the very existence of epidemic cholera, not to say endemic cholera, is a reproach to the nation and to the community in which it exists. Being a violent death, its prevalence is due to ignorance or apathy, which, from the dimensions of a blunder, easily develops into the proportions of a gigantic crime. Cholera deaths can be prevented, ought to be prevented; and as I firmly believe have been largely diminished by agencies to which medical men have pointed, and will in our lifetime, and therefore before long, be so wholly prevented that Asiatic cholera, like the Asiatic plague, the bubonic pest, and their more modern correlative, typhus fever, will become extinct among European nations, and survive only among the records and relics of an historic shame." From these premises the speaker deduced the conclusion that: "Cholera is a filth disease, carried by dirty people to dirty places, and there spread by dirt and the use of dirty water." This position was amply illustrated by facts that gave no room for disputing the position of the author. It was noticeable that while recognizing the completeness in the chain of evidence, that the demonstration of the cholera bacillus afforded, yet the speaker preferred to use the unanswerable logic of fact and figures, of which he was so completely master. Taken as a whole, it will be seen that the paper gives renewed assurance of the greater safety that this country now enjoys from such visitations and the absolute immunity that it is within its power to secure. The elements in this immunity are: first, pure water, the influence of which in this disease is paramount; second, effective sewage disposal; third, domestic and municipal cleanliness. The Association unanimously adopted a vote of thanks to Mr. Hart for his address which was ordered printed in the *Journal* and copies forwarded to the different State Executives and State Boards of Health.

The address on Surgery was delivered by Dr. H. H. Mudd, of St. Louis. It was exceedingly unfortunate for the reader that he should be called upon immediately following the very lengthy address of Mr. Hart. For several minutes the noise of those going out was so great as to almost drown the speaker's voice, while the impression created by a rapidly diminishing audience was not encouraging. When silence had been restored, Dr. Mudd could be more distinctly heard. The address, though not much longer than that on medicine, seemed considerably so on account of the slower delivery of the speaker. Dr. Mudd's paper is characterized by an absence of dogmatism and a recognition of some of the well established principles that the modern surgeon, or would-be operator, frequently overlooks. It is refreshing to find that there are conditions in which the surgeon may be in doubt, and that his course is by no means clear. It is also somewhat new to find that the patient is a practical factor in the case, rather than a piece of anatomy awaiting scientific dissection. The address was devoted mainly to the consideration of three important subjects—drainage—radical cure of hernia—appendicitis. The speaker said it might astonish one not thoroughly familiar with the practice of medicine and surgery, to know that the question now most prominently before the surgical mind is one which has been discussed and considered by surgeons for centuries. The question of drainage and drainage tubes has been before the profession for many generations, but for the past twenty years the data for its solution had been becoming more definite. In pre-antiseptic days it was a necessity, but modern clean wounds had enabled it to be dispensed with in many cases. The speaker answered the query: "Can we dispense with drainage in all so-called clean wounds?" in the negative. The conditions for securing union by first intention were: (1) An incised wound. (2) A thorough hemostasis. (3) A perfect approximation. (4) The immobilization of the wounded surfaces. The first condition was rarely obtained in traumatism. The second and third were only to be attained at the expense of much time, which was a serious menace to the patient. They implied, as a rule, prolonged anesthesia, the depressing effect of which was very great, many patients dying from its after effects. Healing without drainage is the ideal wound treatment, but like many ideals the effort to obtain it is too expensive to the patient to make it always desirable. He believed that much confusion had arisen in the vague conception of the time necessary to effect primary drainage in a wound. In this respect its purpose should be fulfilled in at most 60 hours, as it was an irritant and would maintain a discharge. The speaker said that soap, water, and heat excluded, he would be more willing to give up all antiseptics than to eliminate the drainage tube. In discussing the radical cure of hernia Dr. Mudd at once avowed the fact that he was not the advocate of any particular method, believing only in the observance of certain general principles. Chief amongst these were the buried suture and the removal of the sac, which was to be accomplished in the readiest way for the individual case. In general his conclusions were: That the mortality should not deter us from encouraging operation for the radical cure of hernia, the percentage of permanent cures being sufficient to justify it. The surgeon cannot urge the operation in every instance, but may perform it in the great majority of cases of rupture, where a truss does not satisfactorily control the hernia. Appendicitis, that disease of vital interest to surgeon and patient, particularly the latter, who has undoubtedly of late been frequently accused of the malady, when perfectly innocent of such an offense, was the last subject discussed. The speaker mentioned the very prominent part that American surgeons had occupied in identifying this disease, or rather in more accurately defining it. He said it was fair to assume that the vast majority of inflammatory affections in the right inguinal region, originate in the appendix. These inflammations resulted not so much from concretions in the appendix as from irritative or catarrhal or obstructive conditions, which produce engorgement of its mucous membrane and thickening of its wall. The investigations of I. Turner and Joseph Bryant had contributed some anatomical facts, that were of aid in elucidating the clinical features. It appears from these investigations that the appendix is held in close relations with the cecum and colon and the posterior abdominal wall in about 30 per cent. of cases. In the remaining 70 it hangs somewhat freely from the colon, and is more intimately connected with the small intestine. Clinical observation has shown that the inflamed appendix, presenting towards the median line, or in the pelvic basin, is much more dangerous to life than when it comes into more direct relation with the colon and iliac basin. The speaker said there was no symptom or group of symptoms that would in the early history of appendicitis determine the absolute necessity for operative interference. Severe and destructive cases recovered without operation, while death often followed apparently less grave conditions. He could not see his way to formulate a definite rule of action, but if one must be adopted, logical deduction and clinical experience will demand an operation in every case of appendicitis, or it will deny operative interference until perforation has occurred or an abscess has formed and is seeking exit at an external opening. The first alternative would usually be denied by patients, yet the safe operation could only be done early in the disease, or else after it is well advanced and the abscess well defined. The intermediate period was one of danger and anxiety to the surgeon. The speaker, in closing, reviewed the present status of antiseptic surgery. Ideal asepsis was to be obtained only in the laboratory, as nearly every wound was accompanied by bacterial infection. It remained a practical fact that asepsis cannot be obtained and maintained without the use of antiseptic agents. Of these the most important were moist and dry heat, though germicidal solutions added to the security and facility with which this condition could be established. Biological science had demonstrated the immunity from danger assured by nature in the presence of a moderate infection, and the surgeon, therefore, should be encouraged to make his efforts at asepsis as perfect as possible. The grander success and more lasting renown attended the surgeon who considers not only the possible extent of his invasion of the body, and, while remembering aseptic possibilities, does not ignore the two cardinal principles of surgical practice, viz.: the vital power of the individual and the local resistance of the tissue involved.

The time had now arrived when the report of the Nominating Committee was in order, and when the Chairman, Dr. John G. Truax, proceeded to read it there was a large and interested audience. The following names were submitted and heartily received, that of James F. Hibberd, for President, meeting with the warmest reception:

President	James F. Hibberd, of Richmond, Indiana
First Vice-President	John A. Wyeth, of New York City
Second Vice-President	Isaac N. Love, of St. Louis, Missouri
Third Vice-President	T. Murrell, Arkansas
Fourth Vice-President	U. O. B. Wingate, of Milwaukee, Wisconsin
Treasurer	Richard J. Dunglison, of Philadelphia, Pennsylvania
Permanent Secretary	William B. Atkinson, of Philadelphia, Penn.
Librarian	George W. Webster, of Chicago, Illinois
Assistant Secretary	H. Bert Ellis, of Los Angeles, California
Trustees	To fill vacancy by death of Dr. W. W. Dawson, L. S. McMurtry, of Louisville, Kentucky; for three years, E. E. Montgomery, of Philadelphia, Penn.; John B. Hamilton, of Chicago, Ills.; E. Fletcher Ingals, of Chicago, Illinois.
Judicial Council	X. C. Scott, of Ohio; George W. Stoner, of United States Marine Hospital Service; James T. Jelks, of Hot Springs, Ark.; J. H. Murphy, of St. Paul, Minn.; J. McFadden Gaston, of Atlanta, Ga.; Thomas A. Foster, of Portland, Maine; Isaac N. Quimby, of Jersey City, New Jersey.
To make the Address on Medicine	Charles H. Hughes, of St. Louis, Mo.

To make the Address on Surgery------Ernest LaPlace, of Philadelphia, Pa.
To make the Address on Hygiene------George H. Rohé, of Catonsville, Md.
Place of Meeting in 1894-------------------------------San Francisco, Cal.
Chairman of Committee of Arrangements------------R. H. Plummer, of San Francisco, Cal.

When San Francisco was announced there was an oppressive silence, hardly broken by the very faint applause of one person. Some one said "there are no cheers for San Francisco," but the reply was not overheard. Dr. Robert Reyburn, of Washington, D. C., moved to adopt the entire report and was seconded by Dr. I. N. Quimby, of New Jersey. Dr. Dudley S. Reynolds, of Kentucky, moved as an amendment that the report be adopted with the exception of the place of meeting and the Committee of Arrangements. This was seconded by several voices, when Dr. George H. Rohé, of Maryland, moved as a substitute that the place of meeting be changed to Baltimore, and that the names of Dr. Julian J. Chisholm and Dr. H. A. Kelley, as Chairman of the Committee of Arrangements and Assistant Secretary, respectively, be substituted. The substitute was heartily seconded from all quarters, and the President rose to put the question. At this juncture the friends of California obtained the floor and some of the arguments that had been used before the Nominating Committee were repeated. It was urged that justice to the Pacific coast, as well as the best interests of the Association, demanded that after an absence of twenty-three years, a meeting should be held in San Francisco. Dr. L. Connor, of Michigan, made a warm appeal in favor of California, and in connection with the claim made that the Association had been meeting in a limited area for many years, brought down the house by stating that Baltimore was only a suburb of Washington, with street cars running all the way between. Dr. H. O. Marcy, of Massachusetts, followed, and got his audience in very good humor with a little anecdote that was quite *apropos*. By this time there was no lack of enthusiasm for the metropolis of the Golden State, and whether for California or for San Francisco, it seemed that almost every member was voicing his sentiments in their favor. The change of feeling was very rapid and amidst the din the stentorian tones of Dr. Reynolds could be plainly heard announcing his conversion, and adding that he "threw up his hands" for San Francisco. Dr. N. S. Davis, of Illinois, here rose to speak, but the enthusiasm was such that he could not be heard, and after smiling benignly on the assembly, he resumed his seat. But the Association would not have it and shouts for "Davis" soon restored quiet, while the venerable speaker told his hearers how he had followed the Association all over this broad land, and at the end of forty-four years he was glad he had done so. He was surprised that some of the young men seemed so averse to moving about; an annual holiday was a good thing, and it could not be taken under better auspices than in attending the meetings of the Association. The question of distance and of expense had been raised, but the time had been shortened, the comfort of traveling increased, and the expense was less than half of what it was twenty-two years ago. He had gone to California then, and he wanted to say that so enjoyable was his trip and so successful the meeting, that did it cost him twice as much he felt he could not afford to miss it. As the "Father of the Association" closed his speech, the enthusiasm broke out afresh and the clamor was so unmistakable that the President, himself in favor of California, ignoring strict parliamentary rule, put the original motion, which was adopted amidst a storm of applause.

Dr. J. F. Hibberd, as Secretary of the Judicial Council, read its report, and then, as Chairman of the Committee on President's Address, presented a series of resolutions, covering the various recommendations contained therein. These resolutions, which were as follows, were adopted by the Association: *Resolved*, By the American Medical Association, that the respective State medical societies entitled to representation in this Association, and through them their affiliated local societies, are hereby requested to consider the matter of revision of the Code of Ethics and report to this Association at its next annual meeting; and if any alteration be deemed advisable each State society so deciding to specially indicate the part to be changed and write out in full the new form proposed. *Resolved*, That the State medical societies in such States as do not have now legal boards for the examination of persons desiring to become practitioners in such States are requested by this Association to use their influence to have the

States to create such boards by statute. *Resolved*, That the several State medical societies are hereby requested to use their influence to have statutory restraint in their respective States placed upon the sale of poisonous and mischievous medicines, except when prescribed by legally qualified persons. *Resolved*, By the American Medical Association, that it is the sense of this Association that the general welfare of the people of the United States demands that the general government establish, maintain and execute on the frontier of the nation, quarantine embracing all the best methods known to sanitary science. *Resolved*, That the President of this Association appoint a committee of three, to act in conjunction with a committee of the American Public Health Association, to make efforts to induce the Congress of the United States to establish a medical bureau and commissioner, who shall be the chief sanitary officer of the general government.

The address on State medicine was delivered by Dr. Walter Wyman, Supervising Surgeon-General U. S. Marine Hospital service, the subject being "The Extinction of Contagious Diseases." The speaker asked if the idea expressed in the title of the paper was Utopian, or had the time come when in the world's history it could be considered a rational thought? Regarding the great epidemic diseases encouragement could be found by a reasoning from analogy. It was shown that races of men and animals had become extinct, why then should not races of microbes share the same fate. The terrible plagues of the earlier centuries had not recurred, and even the dreaded bubonic plague had practically been confined to Asia, and greatly restricted in its ravages. Yellow fever was becoming more limited in its attacks, and New Orleans, thanks to proper sanitary measures, had now been exempt for 14 years. Vaccination had limited small-pox. Typhus was rarely seen in this country, and like cholera, could be excluded, or if obtaining foothold, could be stamped out. Recently the Japanese government had succeeded in eliminating beriberi from their navy by a simple change in diet. The number of cases reported for the six years following 1884 being 765, as against 9,516 for the six years preceding that date. Another possible agency in the elimination of these diseases was protective inoculation, which, while young, was full of promise, and might even equal the results of Jenner with vaccination. The speaker then discussed at length the quarantine system of the United States, and the appliances provided at the various stations. The new quarantine bill, by which so much additional work and power were thrown upon the Marine Hospital service was explained, and the strong as well as the weak points demonstrated. The greater portion of the address was devoted to this branch of the subject, and as Dr. Wyman is the executive head of the bureau, charged with carrying out the provisions of the new enactment, his views have, therefore, a special interest.

The general business of the Association having been finished, President McGuire, in retiring, expressed his thanks to the Association for the honor that had been done him, and his obligations to the various officers who had so ably assisted him. He then introduced the President-elect, Dr James F. Hibberd, of Indiana, who, having expressed his surprise at the unexpected event and his sense of his responsibilities, said: I assure you what little I have of mental endowment to advise, and physical energy to execute, shall be devoted to the best interests of the Association for the ensuing year. I can but renew my thanks for the personal considerations that enter into your actions. So much for the present. A word about the future: We have been invited to California, and we have accepted the invitation. I assure you that although the delegates and representatives of the State of California have promised you much, they will give you more. Forty-four years ago I went as surgeon of a steamship around the American continent and landed in San Francisco, and I know something of the beauties of that city and its vicinity. I know the Californians have the heart and ability to make the Sections among the most important, useful, and educational that we have ever had. Aside from that, I know that they have the ability and courage to take hold of you and show you among the grandeurs of that magnificent State more of the physical beauties and physical enjoyment of our annual meetings than any State that has been mentioned to-day, because they have the foundation to do it. It is comparatively a new country. Everything is fresh. I assure you, I look forward to the time of meeting there as one of the happiest moments of the general progress of this Association. If you understand the matter, not one of you will miss the opportunity of going to California next year, but will prepare yourselves for a great deal of enjoyment there, and if you do not get it, then you may count that I am not a prophet. The President then declared the Association adjourned to meet in San Francisco, Cal., on the first Tuesday in May, 1894.

It is quite a difficult matter to entertain fifteeen hundred persons and do it pleasantly and satisfactorily, yet Milwaukee seems to have accomplished the feat. On Tuesday evening a general reception was given, by the local medical society, at the Hotel Pfister, whose capacity was fully taxed on the occasion. The following morning the visiting ladies were driven to all points of interest in the city. That evening a number of private houses were thrown open and hospitality bountifully dispensed to all who came. Thursday afternoon the ladies were given a reception at the Athenæum, and the same evening an open-air concert was tendered the Association at Schlitz Park, most of the local musical talent participating. Everyone seemed pleased, and the Committee of Arrangements may felicitate itself on having contributed its share to a very successful meeting.

James H. Parkinson.

REVIEWS AND NOTICES.

A Handbook of Insanity. By Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum, and Privatdocent at the University of Kiel; with 11 plates. New York: William Wood & Co. pp. 358.

This little volume, translated from the German, is next to the still smaller work by Savage, the most condensed of the standard text-books on this subject. The author has given his work a scope suitable to the wants of the busy general practitioner and the medical student, and has at the same time, though briefly, gone all over the field of this branch of medicine. The book is divided into a general and a special section. In the former the writer gives first a resume of the scientific basis to the present knowledge of insanity. In speaking of the causes of insanity he touches on a subject which has lately engaged the attention of many writers, namely, that of crime and genius, briefly and impartially giving the views of Lombroso and others. He also corrects some of the exaggerated ideas as to the influence of civilization upon the increase of insanity. In the chapter on the symptomatology of mental disorders he gives an excellent physiological explanation of the origin of illusions and hallucinations of the various senses, differentiating between a central and peripheral origin of hallucinations. Considerable space is devoted to the consideration of the course and diagnosis of mental disorders, great stress being laid on the details of psychiatric examinations, information which is of great value to every practising physician who may be called to examine the insane in court. Short but very practical directions as to the treatment of insanity are given. Speaking of the prevention of insanity, he specifies when, and when not, the marriage of hereditarily disposed subjects, or those who have recently recovered from an attack of insanity, may be permitted. As remedial agents he mentions especially rest in bed, lukewarm baths, and mild cutaneous derivatives. The employment of hypnotics is treated at length; the indications for and the dangers to be avoided in the use of chloral, paraldehyde, sulphonal, hyoscine, morphine, opium, and bromide, are given. A brief history of psychiatry from antiquity up to the present time concludes the general section. The classification of insanity, given in the special part, is much more simple than that (Krafft-Ebing's) adopted by most German alienists. The author makes use of the term paranoia, embracing what was formerly known as monomania, or systematized delusional insanity (Krafft-Ebing), as one of four forms of simple mental disorders. As subclasses he gives Wahnsinn, Verruecktheit, and Confusion. The translator has evidently had difficulty in finding English terms to express the ideas of the author It is true that these German terms are difficult of translation into English, still, though the differentiation made by the terms acute and chronic ambitious and non-ambitious paranoia is not so distinct; these terms are being so extensively used by English writers that they are not easily displaced, especially by such words as Wahnsinn and Verruecktheit. The clinical description of the different forms of insanity is clear and accurate, but though the 43 photographs of patients, with short explanatory notes, add greatly to the work, one misses clinical histories of typical cases in illustration of forms described. As a translation the book reads well; German idioms and construction of sentences are not often met with.

TEXT-BOOK OF OPHTHALMOLOGY, by Dr. Ernest Fuchs, Professor of Ophthalmology in the University of Vienna; authorized translation from the second enlarged and improved German edition, by A. Duane, M. D., Assistant Surgeon Ophthalmic and Aural Institute, New York, with numerous illustrations. New York: D. Appleton & Co.

To those familiar with the author of this work, it is only necessary to say that this is a faithful translation of the German. Prof. Fuchs' well known scientific methods would recommend it to those acquainted with him as a teacher or investigator. Prof. Fuchs' lectures are crowded with students and practitioners of ophthalmology, from all parts of the civilized world. The English reader who is not familiar with German, has much to thank Dr. Duane for, as the author's ideas are rendered in very readable English. Antisepsis is now recognized to be as essential in ophthalmology as in most other branches of surgery and medicine. There are few, if any, who place more importance in the details of antiseptic methods than Prof. Fuchs. His methods of treatment can, therefore, be safely recommended to students. In fact, there is little to criticise, either in the work of the author or the translator. The publishers have also done their work so well that the book presents a good appearance in every respect.

A TREATISE ON DISEASES OF THE RECTUM, ANUS, AND SIGMOID FLEXURE. By Joseph M. Mathews, M. D., of Louisville, Ky., Professor of the Principles and Practice of Surgery, and Clinical Lecturer on Diseases of the Rectum, in the Kentucky School of Medicine, etc., with six chromo-lithographs and numerous illustrations in the text. New York: D. Appleton & Co. pp. xvi—537. Price, cloth, $5.00.

It is self evident that a work upon this subject, comprising five hundred pages, if written by a competent and conscientious person, will cover the ground thoroughly. This is equally true whether the author writes from the standpoint of an original worker or of an observer and compiler of the views of others. Professor Matthews has placed himself among the former class, and in his preface frankly says, that while familiar with the views and opinions of many authorities, he has not accepted them as a guide, preferring to regard as truths only such things as he has been able to substantiate after fifteen years' experience as a rectal specialist. The reader must accordingly view his book as one whose merit will only be established when its tenets are found to have been based upon logical premises and sound surgical doctrine. A brief notice of such a work gives no opportunity for anything like a resume of its contents; but it is proper to note that the author has, in his introduction, opened a new field in his reference to "Rectal Examination in Relation to Life Insurance." It will be strange if this part of the book does not attract attention on the part of examiners for life insurance companies. Apparently in a spirit of fairness, the writer has devoted undue space to many methods which are now obsolete in the estimate of honest men. As an instance of this fault we find eight pages covered by a discussion upon the merits of the treatment of hemorrhoids by carbolic acid injections, a method which is condemned by the author as at best only palliative. In the treatment of various other divisions of his subject the author might have largely abbreviated his comments, and with profit. It must be conceded, however, that he has introduced much that is novel and seemingly meritorious. As a guide for the practitioner it will be found a most useful accessory. In fact it is rare that in a single volume is found reliable information upon so many points that are usually overlooked or disregarded by writers upon general surgery.

MEDICAL NEWS.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department of the U. S. Army (Division of the Pacific), from May 20, 1893, to June 20, 1893.

Pursuant to the requirements of army regulation, Col. Joseph R. Smith, Assistant Surgeon General, Medical Director, will make an inspection of the post of Alcatraz Island, Cal., on Monday, the 29th instant, and, upon completion thereof, return to his station in this city. Par. 1, S. O. 43, Dept. of Cal., May 24, 1893.

First Lieutenant Charles Wilcox, Assistant Surgeon, will report to the Commanding Officer, Troop B, 4th Cavalry, for duty with it on march and at the Sequoia National Park. S. O. 44, Dept. of Cal., May 27, 1893.

Pursuant to the requiremens of army regulations, Colonel Joseph R. Smith, Assistant Surgeon General, Medical Director, will make an inspection of the post of Fort Mason, Cal., and, upon completion thereof, return to his station in this city. Par. 2, S. O. 46, Dept. of Cal., May 31, 1893.

Lieutenant-Colonel Charles C. Byrne, Deputy Surgeon General, having returned to duty from leave of absence, Captain Willian H. Arthur, Assistant Surgeon, is relieved from temporary charge of the office of the medical director of the department. Par. 2, S. O. 99, Dept. of the Columbia, June 3, 1893.

First Lieutenant Charles E. B. Flagg, Assistant Surgeon, is relieved from duty as examiner of recruits in this city. Par. 1, S. O. 49, Dept. of Cal., June 9, 1893.

Captain William L. Kneedler, Assistant Surgeon, is detailed as examiner of recruits in this city, in addition to his present duties Par. 2, S. O. 49, Dept. of Cal., June 9, 1893.

Colonel Joseph R. Smith, Assistant Surgeon General, Medical Director, will proceed to Benicia Barracks, Cal., and return, on public business. Par. 1, S. O. 50, Dept. of Cal., June 12, 1893.

Major David L. Huntington, Surgeon, Medical Director of the Department will proceed to San Diego Barracks, Cal., for the purpose of making inspections contemplated in A. R. 1662, and Circular No. 6, series 1892, from this office, and upon completion of this duty, return to his proper station. Par. 1, S. O. 45, Dept. of Arizona, June 16, 1893.

Upon recommendation of the Medical Director of the Department, Major Louis M. Maus, Surgeon, will proceed from Whipple Barracks, A. T., to Fort Wingate, N. M., reaching the latter post about the 1st proximo, for duty during temporary absence of Surgeon Matthews, on leave. On completion of this duty Surgeon Maus will rejoin his proper station. Par. 2, S. O. 96, Dept. of Arizona, June 17, 1893.

Leave of absence for one month, to take effect about the 1st proximo, is granted Major Washington Matthews, Surgeon, with permission to apply for an extension of one month.

First Lieutenant Charles E. B. Flagg, Assistant Surgeon, will proceed from Indianapolis, Indiana, and report to the Commanding Officer, Presidio of San Francisco, Cal., for duty at that post.

Captain William C. Shannon, Assistant Surgeon, now in this city, is relieved from further duty at Fort Apache, and will report in person to the Surgeon General for duty in his office; vice Captain Harry O. Perley, Asssistant Surgeon.

Leave of absence for fifteen days, to take effect upon his relief from duty at Fort Bowie, A. T., is granted Captain Richard W. Jobson, Assistant Surgeon.

Captain Jefferson D. Poindexter, Assistant Surgeon, is relieved from duty at Fort Nebraska, and will report in person to the Commanding Officer, Fort Bowie, Arizona, for duty at that post.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service up to June 10, 1893.

Assistant Surgeon, J. E. Riggs, U. S. N., to U. S. Naval Hospital, Mare Island, Cal., June 6, 1893.

Surgeon A. M. Moore, detatched from Navy Yard, Mare Island, Cal., and ordered before Retiring Board, June 13, 1893.

Surgeon D. O. Lewis, U. S. N , to Navy Yard, Mare Island, Cal., June 13, 1893.

ITEMS.

The Waldeck.—The private hospital, at 404 Eddy street, San Francisco, formerly known as "The Hygeia," has changed its name to "The Waldeck." Dr. C. E. Cooper is the Superintendent, Dr. Vanderbeck having no further connection with the institution.